

BULLYING AND HARASSMENT INCIDENT COMPLAINT REPORTING FORM

Hampden Charter School of Science **School District** - Hampden Charter School of Science **School**

1. Name of **Reporter**: _____

2. Check whether you are the:

Target (of behavior) Reporter (not the target of the behavior)

3. Check whether you are a:

Student Staff member Other (specify) _____
 Parent Administrator

3A. Provide your **Contact Information/Telephone#**: _____

4. If student, state your **School**: _____ **Grade**: _____ **Section**: _____

5. If staff member, state your **School** or **Work Site**: _____

6. Information about the incident:

Name of **target** (of behavior): _____ student staff other

Name of **Alleged Person**: _____ student staff other

Date(s) of incident(s): _____

Time(s) when incident(s) occurred: _____

Incident **location(s)** (be as specific as possible): _____

7. **Witnesses** (list people who saw the incident OR have relevant information about the incident):

Name: _____ student staff other (specify) _____

Name: _____ student staff other (specify) _____

8. Describe the details of the incident (names of persons involved, what occurred, and what each person did and said, including specific words used; use additional paper if necessary):

9. Have you taken any action on this matter? Yes _____ No _____ (If "yes" please describe action taken and when; use additional paper if necessary)

10. Signature of **Reporter**: _____ Date: _____

11. Form provided to: _____ Position: _____ Date: _____

Signature: _____ Date: _____