

Report Number:	
Date Received:	
Received By:	

## **Bullying, Harassment, or Intimidation Incident Report Form**

Please print. If more space is needed to respond to any question, please attach additional pages. Return completed copy to the Principal.

Name of Person Making Report:		Date:		
If stud	dent, provide grade level and Collegium	building:		
Name	e(s) of Target(s):			
Name(s) of Alleged Offender(s):				
Name(s) of Witness(es) or Those Who Could Provide More Information:				
Date	of Incident:	Time of Incident:		
Wher	e did the incident occur? Select location On Collegium's Campus? Indicate building and	(s). d room/area:		
	On a School Bus? Indicate bus number:			
	Via Electronic Source? Indicate site(s):			
	t the behavior(s) that best describes the	•		
_	☐ Physical bullying: pushing, shoving, hitting, threatening violence, vandalism, theft, etc.			
	3,			
	Other: please describe			
Selec	t the harm(s) you believe was or may ha	ive been caused by the alleged incident		
	lect the harm(s) you believe was or may have been caused by the alleged incident.   Substantial disruption or interference with the orderly operation of school			
	Substantial disruption or interference with the rights of others			
	Emotional harm			
	Insulting or demeaning a student/group of stud	ents		
П	Creating a hostile educational environment			

Signature	 Date
I certify that there is no falsification of the a depicted to the best of my knowledge.	above information and events are accurately
□ No	
If this matter should proceed to a formal he regarding this matter?  ———————————————————————————————————	earing, would you be willing to testify
sure to include dates/times and names. Include to Collegium or not.	dicate if the issues were previously reported
· · · · · · · · · · · · · · · · · · ·	represent a pattern of similar behaviors. Be
those involved.	related to the incident including the names of
	ident of alleged bullying, harassment, and/or

Please return the completed form to the Principal.