

**RAYMOND SCHOOL DISTRICT SAU 33
INCIDENT COMPLAINT AND REPORTING FORM*
(FOR HARASSMENT OR BULLYING)**

1. Name of Person Reporting Incident(s): _____

2. Check whether you are the: Victim/target of behavior Reporter (not victim or target)
(or his/her parent/guardian)

3. Check whether you are a: Student Staff member (specify) _____
 Parent/Guardian Other (specify) _____

3A. Provide Tel. No.; E-mail address: _____

4. If student, state school name: _____ Grade: _____

5. If staff member, state school name or work site: _____

6. **Information about the Incident:** **Check whether:**

A. Name of victim/target of behavior: _____ Student Employee Other
Others: _____ Student Employee Other

B. Name of Subject (person who engaged in behavior): _____ Student Employee Other
Others: _____ Student Employee Other

C. Date and time of incident: _____

D. Location: class hall cafeteria other area inside school school grounds bus other

E. Nature of incident (check all that apply): physical verbal gesture electronic written
 personal property school property other

F. Are you aware of similar or related incidents? Yes No

7. Witnesses (who saw incident or has information about how or why incident occurred) (Use additional paper, as needed)

Name: _____ Student Employee Other _____

Name: _____ Student Employee Other _____

Name: _____ Student Employee Other _____

8. Describe the details of the incident, in the order it happened, and specifying where it occurred. Identify what each person involved did and said, stating actual words used. Use additional paper as needed.

9. Give any background information that may help explain how or why incident occurred.

10. Signature of Complainant or Reporter: _____ Date: _____

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