

RSU #16 (Mechanic Falls, Minot, Poland)

Policy Code: *JICK-E1* msm

Adopted: *March 2013*

Revised:

RSU #16 BULLYING REPORT FORM

Name of complainant/reporter (by law, reports may be anonymous): _____

Status of reporter: Student Parent School employee/coach/advisor Other _____

Contact information for reporter (if reporter is student, contact information for parent/guardian):

Phone: _____ Cell phone: _____ Email: _____

Address: _____

Name of alleged target(s): _____

Name of alleged bully(ies): _____

Relationship between alleged target/bully(ies): _____

Time(s) and location(s) of alleged incident(s): _____

Names of witnesses: _____

Description of incident(s) (attached additional pages if more space is needed):

I agree that the information on this form is accurate and true to the best of my knowledge and belief.

Signature of complainant/reporter

Date: _____

Received by: _____ Date: _____

Position/title: _____

Copy to building principal: Date: _____ Copy to Superintendent: Date: _____

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SIGNATURE BLOCK:

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