

Hatch Valley Public Schools

STUDENT HARRASSMENT / BULLYING / CYBER-BULLYING REPORT

(To be filed with the school administrator, the administrator's supervisor, or with the Superintendent)

Additional pages may be attached if more space is needed

Targeted Student:

Name: _____ Date: _____
School: _____ Grade/Class Year: _____ Is student aware of this report? _____

Name of Person (s) suspected of harassing, bullying or cyber-bullying?

Other identifying information - gender, grade, affiliations:

Specify the suspected offense by stating the problem as you see it. Describe the incident, the participants, the background to the incident, and any attempts you have made to solve the problem. Be sure to note relevant dates, times, and places.

If there is anyone who could provide more information regarding this, please list name(s), address(es), and telephone number(s).

Name: _____ Address _____ Telephone # : _____

I certify that this information is correct to the best of my knowledge.

Signature of Licensed Staff member

Date Signed

Administrator Receiving Report

Date Received

The investigating administrator shall give one (1) copy to the reporting staff member and retain one (1) copy for the file.