

**Formal Report Form
Student Harassment/Intimidation/Bullying**

It is the policy of the Granite Falls school District to maintain a learning and working environment that is free from harassment/intimidation/bullying.

Complainant Name: _____ Grade: _____

Home Address: _____ Phone: _____

School Site/Bldg: _____ Phone: _____

Name of person you believe harassed/intimidated/bullied you: _____

Please provide location where alleged incident occurred:

Site/Address: _____

Relationship of harasser to you:

Teacher/Principal Support Staff Fellow Student Other: _____

Date(s) of alleged incident(s): _____

Where and when did the incident(s) occur? _____

Describe the incident(s) of offensive behavior on the part of the alleged harasser as clearly as possible including comments, actions, requests, physical contact, etc. Attach additional pages if necessary.

List any individuals who may have witnessed or had knowledge of the incident(s) of harassment.

Have steps been taken to resolve this prior to this report? Yes No If yes, what?

How would you like to see the problem resolved? _____

I hereby certify that the information I have provided in this complaint is true, correct, and complete to the best of my knowledge.

Complainant Signature Date

Form completed by: Complainant Bldg/Program Administrator/Teacher/Support Staff (circle one)

Received By: PRINT AND SIGN NAME _____ Date _____

Resolution/Date: _____

Complainant's Signature

Investigator's Signature