

**Appleton City R-II School District
REPORT OF HARASSMENT or INTIMIDATION or BULLYING FORM**

BASIC INFORMATION

Name of Student Who Was Harassed, Intimidated or Bullied: _____
School Name: _____ Grade: _____ Principal Name: _____
Mailing Address: _____
Parent or Guardian Name: _____ Phone: _____
Is this form being filled out by the student named above? Yes No
If No, name of person filling out this form on behalf of the student named above: _____
Relationship of person filling out this form for the student named above: _____

INFORMATION ABOUT THE INCIDENT:

Check any that describe the incident: Bullying Harassment or Intimidation Sexual Harassment

Name of individual(s) being reported:

Name(s): _____

When and where did the incident happen?

Date: _____ Time of Day: _____ For about how long: ___ minutes ___ hours

Specific Location: _____

What happened? Write a brief summary of the incident:

Who else might know something about this incident or what happened?

Name(s): _____

Has this incident or something like it ever happened before? Yes No

If yes, when did it happen before? Date: _____ Location: _____

Verification/Signature: This information is true and accurate.

Print Name: _____ Signature: _____ Date: _____

For Official Only: Please check all that apply

- Initial Investigation Completed Completed by (Print Name) : _____
- Resolved and/or Single incident Initial
- Unresolved, severe, or persistent
- Mail/Email District Response Copies to: Parent/Guardian Su ntendent