GENESEE JOINT SCHOOL DISTRICT NO. 282 Harassment Reporting Form for Students

| School | Date |
|---|-------------------------------------|
| Student's Name | |
| (If you feel uncomfortable leaving your name, you may submit an anonymous report, but please understand that an anonymous report will be much more difficult to investigate. We assure you that we'll use our best efforts to keep your report confidential.) Who was responsible for the harassment or incident(s)? | |
| | |
| Date(s), time(s), and place(s) the incident | (s) occurred. |
| | cident(s)? yes no their roles. |
| Did anyone witness the incident(s)? □ yes If so, name the witnesses. | |
| Did you take any action in response to the If yes, what action did you take? | • |
| Were there any prior incidents? □ yes □ If so, describe any prior incidents | |
| Signature of complainantSignatures of parents/legal guardian | |