STATEMENT / INCIDENT / INVESTIGATION REPORTING FORM

		DATE	:
1. Name of Reporter/Person Filing (Note: Reports may be made anonymout)	g the Report:	vill be taken against the alleged aggressor s	olely on the basis of an anonymous report)
2. Check whether you are the:	□ Target of the behavior	or Reporter (not the targe	(a, b) \Box Alleged Perpetrator
3. Check whether you are a:		aff member (specify role)	
4. If student, state your school:			Grade
5. If staff member, state your scho	ool or work site:		
WHO was involved:			
WHO might have seen incident:			
WHEN did the incident occur: Da	ate:	_Time:	Period:
WHERE were you (in front of the	e school, near bike racks, t	the Quad, parking lot, sports-fields)	:
WHAT happened from the beginn	ing to the end:		
WHY do you think this occurred:		Please use additio	nal paper and attach to this document as needed
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	I affirm that the abo	ove statement is true and correct.	
Signature	Date	Statement Received By	Date
Note: Statement cannot be given to (FERPA)	> SRO or Police Officer with	out deleting names and identities of stu	dents or statement can be subpoenaed.
Further investigation for potential:	1. D Bullying	2. \Box Cyber bullying	3. 🗆 Sexual Harassment
4. Other Harassment/Intimidati	on/Discrimination		
5. 🗆 Other:			
Action Taken:			