

Hate Crime or Harassment Reporting Form for Students/Parents

School _____ Date _____

Student's Name _____

Please understand that a report may be difficult to investigate. We assure you that we'll use our best efforts in this process.

****Who was responsible for the crime, harassment, or incident(s)?** _____

****Describe the incident(s).** _____

****Date(s), time(s) and place(s) the incident(s) occurred.** _____

****Were other individuals involved in the incident(s)?** _____yes _____no

If so, name the individual(s) and explain what their roles were. _____

****Did anyone witness the incident(s)?** _____yes _____no

If yes, what action did you take? _____

****Were there any prior incident(s)?** _____yes _____no

If so, describe any prior incident(s). _____

Signature of complainant _____

Signatures of parents/legal guardians _____