

CLEMENTON ELEMENTARY SCHOOL
HARASSMENT, INTIMIDATION & BULLYING STATEMENT

Name: _____ Please Check: Target Accused Witness

Written Report#: _____ Date of Written Report: _____ School/Location: _____

Name of reporting individual: _____

PLEASE COMPLETE THIS FORM AS ACCURATELY AS POSSIBLE. FOLLOWING COMPLETION PLEASE PRESENT THIS STATEMENT TO THE ANTI-BULLYING SPECIALIST. INVESTIGATIONS WILL BEGIN WITHIN ONE SCHOOL DAY OF VERBAL/WRITTEN REPORT AS INDICATED IN BOARD POLICY #5512, PAGE 12 SECTION H.

List the actual or perceived characteristic(s) that motivated the alleged HIB:

Race Color Religion Ancestry

National Origin Gender Sexual Orientation

Gender Identity and Expression Mental or Physical or Sensory Disability

OTHER actual or perceived characteristics (list below):

Please describe the events of the alleged bullying:

Please state the location and/or dates of the alleged bullying:

Please list the effects of the alleged bullying:

Description of Incident(s):

I _____ certify that:

I wrote the description of the incident(s) above and this information is accurate and true to the best of my knowledge

I provided the information explained in the description of the incident (s) above to the Anti-Bullying Specialist and this information is accurate and true to the best of my knowledge

(Type or Sign name)