

NORTH PENN SCHOOL DISTRICT
Student Harassment Report Form

DIRECTIONS: Complete the form by answering all questions. Do not be afraid to state names and events, actual language and/or physical acts that occurred.

Remember: You have a right to be safe and protected and feel secure at school.

Name of Complainant: _____ Date _____
(Person making complaint)

Grade/Homeroom: _____ Building _____

Name of person(s) who harassed you: _____

Date(s) of alleged incident(s): _____

Time(s) when behavior(s) occurred: _____

Place(s) where behavior(s) occurred: _____

Names of witnesses (if any): _____

Describe the behavior(s) as clearly as possible. Include the following information: who was involved, language used (threats, slurs, demands, requests, insults, etc.), physical contact (touching, etc.), and any other relevant information.

CONTINUED

Describe how you felt, thought, and/or reacted to the behavior or conduct.

How has the behavior affected your school work?

How often has the behavior occurred?

What is your requested remedy or desired consequence?

I hereby certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge and belief.

Complainant Signature

Date

Building Principal

Date

Date