

A.W. BEATTIE CAREER CENTER

(Check box for appropriate reporting)

BULLYING REPORT FORM

OR

HARASSMENT REPORT FORM

All Bullying/Harassment Report Forms require the signature of the Director

COMPLAINANT _____

RELATIONSHIP TO AWBCC: EMPLOYEE STUDENT VOLUNTEER

OTHER _____
SPECIFY _____ DEPARTMENT/SCHOOL _____

HOME ADDRESS: _____

WORK ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

DATE OF ALLEGED INCIDENT(S) _____

NAME OF PERSON YOU BELIEVE HARASSED YOU _____

LIST ANY WITNESSES WHO WERE PRESENT:

WHERE DID THE INCIDENT(S) OCCUR? _____

DESCRIBE THE INCIDENT(S) AS CLEARLY AS POSSIBLE, INCLUDING SUCH THINGS AS: ANY VERBAL STATEMENTS (I.E. THREATS, REQUESTS, DEMANDS, ETC.); WHAT, IF ANY, PHYSICAL CONTACT WAS INVOLVED; ETC. (ATTACH ADDITIONAL PAGES IF NECESSARY)

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 _____

PARENT SIGNATURE IF STUDENT IS CONSIDERED A MINOR _____ DATE _____

INTERVIEWED BY _____ DATE _____

RECEIVED BY DIRECTOR _____ DATE _____