

## West Clermont School District Harassment, Intimidation or Bullying Incident Form

<b>Staff Name:</b>				<b>Incident Number:</b>							
<b>Victim Name:</b>				<b>Student ID:</b>				<b>School:</b>			
<b>Suspect Name:</b>				<b>Student ID:</b>				<b>School:</b>			
<b>Complaint (check one)</b>				<b>Complainant (check one)</b>				<b>Type (check one)</b>			
<input type="checkbox"/> Formal <input type="checkbox"/> Informal <input type="checkbox"/> Anonymous				<input type="checkbox"/> Student <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Staff <input type="checkbox"/> Other				<input type="checkbox"/> Verbal <input type="checkbox"/> Cyber <input type="checkbox"/> Emotional <input type="checkbox"/> Racial <input type="checkbox"/> Physical <input type="checkbox"/> Sexual			
<b>Report Date/Time</b>				<b>Incident Occurred From</b>				<b>Incident Occurred To</b>			
Month	Day	Year	Time	Month	Day	Year	Time	Month	Day	Year	Time
<b>Location of Incident (check all that apply)</b>											
On Campus				Off Campus				Cyber			
<input type="checkbox"/> Classroom <input type="checkbox"/> Hallway <input type="checkbox"/> Restroom <input type="checkbox"/> Cafeteria <input type="checkbox"/> Parking Lot <input type="checkbox"/> Outside				<input type="checkbox"/> Bus Transportation <input type="checkbox"/> Other School <input type="checkbox"/> Residence <input type="checkbox"/> Roadway <input type="checkbox"/> Private Property <input type="checkbox"/> Other				<input type="checkbox"/> Cell-Verbal/Voice Mail <input type="checkbox"/> Cell-Text Message <input type="checkbox"/> Instant Message <input type="checkbox"/> E-Mail <input type="checkbox"/> Web-Sites/Logs <input type="checkbox"/> Photographic			
<b>Incident Location (Street, Apt., City, State, Zip):</b>											
<p>Statement of Fact:</p>											