Ichabod Crane DASA Reporting Form
Harassment/Bullying/Hazing/ Complaint Form

This is to be utilized to inform the school district of an alleged incident or series of incidents of bullying and/or harassment so an investigation can be conducted and appropriate actions taken as warranted. Please return this form to the principal's office in the school building where the alleged incident(s) occurred as soon as possible.

Targeted Student Name: _____ Grade:_____ Building: _____

Alleged Offender(s): _____

Date of Alleged Incident(s): _____ Time(s): _____

Location of Alleged Incident(s): _____

Today's Date: _____ Name of Person Filing Report: _____

Describe the Incident(s)-Attach additional pages as necessary: _____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Were there any witnesses? ____Yes ____ No If yes, please list the name of the individual(s)below.
_____
_____

I certify that all statements on this form are accurate and true to the best of my knowledge.

_____ _____
Signature & Date Print Name

Please attach any supporting documentation (i.e.) copies of emails, notes, images, etc.

All complaints will be treated in a confidential manner. You may opt to report this information anonymously. Anonymous reports may limit the district's ability to fully investigate and respond to the complaint.