



**REPORT OF STUDENT-TO-STUDENT DISCRIMINATION, HARASSMENT,  
INTIMIDATION AND/OR BULLYING**

NAME OF STUDENT: \_\_\_\_\_

DATE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

DOORS NUMBER: \_\_\_\_\_

Name of the person who you believe is responsible for the harassment, intimidation and/or bullying:

\_\_\_\_\_  
-

Date(s), time(s) and place the incident occurred: \_\_\_\_\_

\_\_\_\_\_  
-

Describe the incident(s) as clearly and with as much detail as possible.

\_\_\_\_\_  
-  
\_\_\_\_\_  
-  
\_\_\_\_\_  
-  
\_\_\_\_\_  
-

If you believe that the behavior you are reporting is bias-based, check the boxes below that apply.

- |                          |                                   |  |                    |                          |                 |
|--------------------------|-----------------------------------|--|--------------------|--------------------------|-----------------|
| <input type="checkbox"/> | Color                             |  | Race               | <input type="checkbox"/> |                 |
| <input type="checkbox"/> | Creed                             |  | Religion           | <input type="checkbox"/> |                 |
| <input type="checkbox"/> | Disability                        |  | Retaliation        | <input type="checkbox"/> | (for complaint) |
| <input type="checkbox"/> | Ethnicity/National Origin         |  | Sexual Orientation | <input type="checkbox"/> |                 |
| <input type="checkbox"/> | Citizenship/Immigration Status    |  | Gender/Sex         | <input type="checkbox"/> |                 |
| <input type="checkbox"/> | Gender Identity/Gender Expression |  | Weight             | <input type="checkbox"/> |                 |

List any witnesses who were present or who have knowledge about the incident.

\_\_\_\_\_  
\_\_\_\_\_



---

---

Attachment No. 2  
Page 2 of 2

---

---

---

---

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

Received by:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title