

**CAPE ELIZABETH SCHOOL DEPARTMENT
REPORTING FORM**

Date the alleged bullying incident(s) reported: _____

Name of complainant/reporter (by law, reports may be anonymous): _____

Status of reporter: Student Parent/Guardian School Employee/Coach/Advisor
Other _____

Contact information for reporter (if reporter is student, contact information for parent/guardian):

Phone: _____ Cell phone: _____ Email: _____

Address: _____

Name of alleged target(s): _____

Name of alleged bully(ies): _____

Relationship between alleged target/bully(ies): _____

Date(s), time(s) and location(s) of alleged incident(s): _____

Name of witnesses: _____

Description of incident(s), including any supporting documentation (use additional pages if more space is needed):

I agree that the information on this form is accurate and true to the best of my knowledge and belief.

Signature of Complainant/Reporter

Date

Received by: _____

Date: _____

Position/title: _____

Date: _____

Copy to Building Principal – Date: _____

Copy to Superintendent – Date: _____