JICK-E1 (FORM) Reporting Form

CAPE ELIZABETH SCHOOL DEPARTMENT REPORTING FORM

[PDF version of Form JICK-E1.pdf]

The information below is the complete form. Please use the link above to download a PDF version of the 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: _____

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