

# JICK-E1 (FORM) Reporting Form

## CAPE ELIZABETH SCHOOL DEPARTMENT REPORTING FORM

[PDF version of [Form JICK-E1.pdf](#)]

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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.

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Signature of Complainant/Reporter Date

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Position/title: \_\_\_\_\_ Date: \_\_\_\_\_

Copy to Building Principal – Date: \_\_\_\_\_

Copy to Superintendent – Date: \_\_\_\_\_

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