



Bullying, Harassment or Intimidation Reporting Form

Cave Creek Unified School District
PO Box 426, Cave Creek, AZ 85327

This form is to be confidentially maintained in accordance with the Family Educational Rights and Privacy Act, 20 U.S.C. §1232g.

Directions: Bullying, harassment or intimidation is not acceptable. Please complete this form to report alleged bullying, harassment, or intimidation and return it to the school administration office. Contact the school for additional information or assistance at any time.

Today's Date: _____

School: _____

Name of Person Reporting Incident: _____

Telephone: _____

E-mail: _____

Are you (Check one): Student/ Victim Student Witness/Bystander School Staff Member
 Parent/Guardian Close Adult Relative Other Adult

Name(s) of Student Victim(s):

Name(s) of Alleged Offender(s):

Name(s) of Witness(es)/Bystander(s):

1. On what date(s) did the incident(s) happened? _____

2. Where did the incident(s) happen? _____

3. What best describes what happened? _____

4. Was there an adult around at the time of the incident? Yes No if so, who? _____

5. Explain what you saw and heard: (may use backside of form if needed) _____

6. Indicate what you think can and should be done to solve the problem: _____

7. I certify that this information is correct to the best of my knowledge.

Signature of complainant _____ Date: _____

Received by _____ Date: _____

Investigating Official _____ Date: _____

♦ FOR OFFICE USE ONLY ♦

Complaint Investigated: Yes No Administrator Signature _____

Entered into Infinite Campus: Yes No Administrator Signature _____