

MOUNTAIN BROOK SCHOOLS

Record of Report of Student Bullying, Harassment, Intimidation

PLEASE GIVE THIS FORM TO THE PRINCIPAL OF THE APPROPRIATE SCHOOL

PERSON(S) MAKING REPORT: _____

REPORTED VICTIM(S): _____

REPORTED PERPETRATOR(S): _____

DESCRIPTION OF BEHAVIOR (Attach pages as needed.)

-----FOR SCHOOL OFFICIALS-----

INVESTIGATION: Attach notes or narrative summary of investigation.

ACTIONS TAKEN:

For School Officials: NOTE: IF ANY STUDENT IS LEARNED TO HAVE EXPRESSED SUICIDAL FEELINGS IN RELATION TO THIS MATTER, CHECK HERE _____ AND DOCUMENT BELOW THAT SCHOOL OFFICIALS HAVE NOTIFIED PARENT OR GUARDIAN.

SIGNATURE OF SCHOOL OFFICIAL TAKING THIS REPORT: _____ DATE: _____

SIGNATURE OF PERSON MAKING THIS REPORT: _____ DATE: _____

