

# Altoona Middle School Harassment Report

***This is a confidential document.***

Person (s) Making Report: \_\_\_\_\_ Date of Report: \_\_\_\_\_

Victim(s) of Incident: (who is being harassed?)

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<b>STOP</b>	Did you ask the person to stop?	Yes	No
<b>WALK</b>	Did you walk away?	Yes	No
<b>TALK</b>	Did you talk to an adult?	Yes	No

Name of the adult \_\_\_\_\_

Date & Time of Incident: \_\_\_\_\_

Circle Where This Happens Most Often?

classroom    hallway    bathroom    lunchroom    recess    bus    other \_\_\_\_\_

Check What Best Describes THIS Incident:  name calling     teasing

- taunting/picking on others     stealing     intimidation     inappropriate touching     hitting, kicking, shoving
- demeaning comments/making student victim of jokes     damage property, graffiti     excluding student(s)
- spreading rumors     rude/threatening gestures

Name and Grade of Individual(s) Suspected of Harassing:

Name	Grade	Name	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Description of Incident: (use additional comments box if more space is needed)

**Witnesses Present:**

Name	Grade	Name	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**How Would Student Like This Resolved?**

*I Hereby Certify By typing you name you are certifying that this is an accurate description of the Incident.*

Reporting Person's Signature: \_\_\_\_\_

Meeting with Student

Parent Contact

ODR

**Administrative/Designee Response**

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Administrator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_