

STUDENTS

Pupil Nondiscrimination

D.C. Everest Area School District
Harassment Report Form

Name: _____ Date: _____

Address: _____
(Street)

Telephone: _____ (Home) _____ (School or Work Location)

Describe what happened: _____

Describe the impact: _____

Signature of reporter: _____

Date report filed: _____

Date received: _____

Submit original copy to the principal.

FOR OFFICE USE ONLY

Principal Determination:

Similar incidence within last thirty (30) days(use additional sheets as needed):

Did this report result in a formal complaint (5145.4.E-A)? Yes____ No ____