



Harassment, Intimidation, & Bullying Prevention Program
HARASSMENT, INTIMIDATION, & BULLYING
CONTACT INFORMATION FORM

Written Report #: _____

Date of Written Report: _____

Student(s)/Person(s) Accused of Exhibiting Harassment, Intimidation or Bullying (HIB) Behavior:

Contact Information:			
	Full Name	Address	City, State Zip
AP1			
AP2			
AP3			
AP4			
AP5			
AP6			

Student(s) Alleged to be the Target of HIB Behavior:

Contact Information:			
	Full Name	Address	City, State Zip
TP1			
TP2			
TP3			

 Signature of Person Making Report

 Position (staff member/parent/pupil/etc.)

 Date