

OPELIKA CITY SCHOOLS
CRISIS/HARASSMENT/BULLYING INCIDENT REPORT FORM
Submit this form to your school's office. Office personnel should submit this form to the school principal.

Date: _____

Time: _____

Person filing report: _____

Address: _____

Telephone number: _____

Report of Incident(s). Please answer the questions who, what, when, where and how and state all pertinent facts. (You can use the back of this form if necessary.): ***If a threat of suicide by a student is being reported, please note and describe the events surrounding your knowledge of this situation.***

Give date(s) the alleged incident(s) occurred: _____

Give the location(s) where the alleged incident(s) occurred: _____

Have you reported this or similar behavior before? If so, please indicate to whom and date reported. _____

List all others who may have knowledge regarding this matter (Give names, addresses including city and state and phone numbers, if known. State if they are students or employees. Briefly state what the persons are believed to know:

By signing below, I certify that the facts stated above are true and accurate to the best of my knowledge. I understand that if the information listed above is found to be false, I will be subject to disciplinary action as outlined by the Code of Student Conduct.

Person filing report: _____ Printed name: _____

Signature

Signature and date of employee receiving report: _____

Signature

Date