

Lamar Consolidated Independent School District
BULLYING/HARASSMENT/DATING VIOLENCE REPORTING FORM

Lamar CISD prohibits bullying, harassment-including sexual harassment and dating violence.

Campus Name: _____ School Year: 20__/___ Date: ____/____/____
Month Day Year

Name of Alleged Victim: _____ Grade: _____ Age: _____
(PLEASE PRINT)

Name(s) of Alleged Offender(s): If unknown-please write "Unknown"

NAME: _____ GRADE: _____ SCHOOL: _____ Is he/she a student?

YES NO

YES NO

YES NO

Name(s) of possible witnesses:

NAME: _____ GRADE: _____ SCHOOL: _____ Is he/she a student?

YES NO

YES NO

YES NO

On what date(s) did the alleged incident happen? ____/____/____ thru ____/____/____
Month Day Year Month Day Year

Was the alleged incident based on the alleged victim's: PLEASE CIRCLE ALL THAT APPLY

Sex Race Color National Origin Disability Perceived Sexual Orientation

Where did the alleged incident occur? PLEASE CHECK ALL THAT APPLY

On school property _____ On school bus # _____ On the way to/from school _____

At a school sponsored or school related activity: _____ Other _____
LIST LIST

Was the alleged victim physically injured? Please check only one:

___ NO ___ YES-but it did not require medical attention ___ YES-and it required medical attention

Was the alleged victim absent from school as a result of the incident? ___ No ___ Yes - # of days ___

Please indicate what the alleged offender said or did and any other information that you would like to provide. Please indicate why you think the alleged incident occurred: _____

PRINTED NAME OF PERSON REPORTING INCIDENT

SIGNATURE OF PERSON REPORTING INCIDENT

DATE

Completed forms should be filed in the campus administrative office and retained for 5 YEARS.