

**MELROSE PUBLIC SCHOOLS
HARASSMENT INCIDENT REPORT FORM**

Date of Report _____ Date/Time of Incident(s) _____

Type of Incident (check all that apply): Harassment/Bullying _____ Cyberbullying _____
Retaliation _____ Other _____

Person reporting incident (circle one):

Student / Teacher / Parent / Counselor / Nurse / Paraprofessional / Support Staff / Other

Name(s) of Victim _____ Grade _____

_____ Grade _____

Name(s) of Alleged Perpetrator(s) _____ Grade _____

_____ Grade _____

Describe the incident that was reported or witnessed. Please be thorough and provide as much detail as possible. Please attach extra paper if necessary.

Name(s) of Witnesses (if any) _____ Grade _____

_____ Grade _____

Physical Evidence (if any) _____

Action(s) taken by Harassment Officer: _____

Signature of Harassment Officer _____

Date sent to Principal _____