

PLEASANTVILLE SCHOOL DISTRICT



ANTI-BULLYING REPORT – FORM A (Staff Member)

Employee Information

Staff Member:
Building:
Parties Involved:

Date:
Location:
Time:

Basis of Report

Personal Knowledge Parties Reported Anonymous

Offense

Written Verbal Cyber-Bullying
 On School Grounds Off School Grounds Bus
 Referral was Written

Details

Summary: [Please provide a comprehensive summary of what is alleged to have occurred.]

Witnesses: [Please provide names of any individual who may have information concerning the alleged incident and summarize what information you believe each individual will provide.]

Relevant Background: [Please provide any background information concerning the incident or the parties which may assist in investigate this matter.]

Signature

By signing this form, you confirm that the above information is accurate to the best of your information, knowledge and belief.

Staff Name (please print)

Staff Member Signature

Date

Principal Signature

Received On: