

Harassment/Bullying/Intimidation Reporting Form

Check all that apply:
☐ Harassment ☐ Bullying ☐ Intimidation
I am the : Uictim Reporter
Name of the Reporter
Name of the victim(s):
Have you reported this to an ACCA Staff Member prior to filling out this form?YesNo If so, who: Date/Time
INCIDENT DETAILS Date incident occurred: Time:
Did this act occur online?YesNo If so, please explain where (Facebook, Instagram, Snap Chat, etc)
Where/When did this incident occur:
Please identify any additional witness(es) to the incident:
Please describe the incident in detail:

Ashland County Community Academy 009971		Form No. 5070.1
Signature	Date	
J.g. (a.c.)		
Contact phone number		
500	OFFICE LIGE ONLY	
FOR	OFFICE USE ONLY	
INCIDENT INVESTIGATION:		
Report taken by:	Date	
·		
Administration NotifiedYesNo	Date/Time of Notification	1
Investigation Team:		
Incident Follow- Up Notes:		
Administrator Signature	 Date	