

CROSBY-IRONTON SCHOOLS
HARASSMENT FORM

Name _____ Date _____

Person(s) Doing the Harassing: _____

When is the Harassing Happening? _____

Where is the Harassing Happening? _____

Describe the Harassment: _____

How Does it Make You Feel? _____

COUNSELOR'S NOTES AND ACTION TAKEN

Counselor Name _____

This is the _____ time this student has reported being harassed.

This is the _____ time the perpetrator(s) has been reported for harassment.

☐ Talked With Victim

☐ Talked With Perpetrator(s)

☐ Used Mediation/Result: _____

Individuals Present: _____

☐ Called Parents

☐ Wrote a Behavior Report and Submitted it to the Principal

Other Notes: _____
