NORTH FORK LOCAL SCHOOL DISTRICT

REPORT OF HARASSMENT

Student's Name: _____ Date of Report: _____

Date of Alleged Harassment: _____

Location of Alleged Harassment: _____

Name of Alleged Harasser: _____

Description of the Incident(s): _____

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Names of Witness(es), if any: _____

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_____
Signature of Person Making the Report

_____
Signature of Person Taking the Report

(over)

Date of Investigative Action Taken: _____

Investigative Action Taken: _____

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Resolution: _____

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