## Terrell County Independent School District Bullying/Harassment Report Form (Policy FFI & FFH)

| Campus:                                      | Today's Date:     |      |  |
|--|-------------------|------|--|
| Person Reporting Bullying/Harassing Conduct: |                   |      |  |
| Alleged Target Student's Name:               | Grade:            | ID#: |  |
| Alleged Perpetrator's Name(s):               | Grade:            | ID#: |  |
|  | Grade:            | ID#: |  |
|  | Grade:            | ID#: |  |
| Name(s) of Witness(es) to Alleged Conduct:   |                   |      |  |
|  |                   |      |  |
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|  |                   |      |  |
| Date(s) of Incident(s):                      | Time of Incident: |      |  |
| Location of Incident:                        |                   |      |  |
| Description of Incident(s) or Event(s):      |                   |      |  |
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| Was Incident ever reported to anyone else?          |        | Yes | □ No  |  |
|---|--------|-----|-------|--|
| If yes, to whom, when, and what was done:           |        |     |       |  |
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| Other information, including prior incidents or the | roats: |     |       |  |
| other information, including prior including of the | reats. |     |       |  |
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| Receiving School Administrator's Signature          |        |     | Date: |  |

| Additional comments or notes from receiving school official: |  |  |
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