# CARLISLE LOCAL SCHOOLS
## REPORT OF HARASSMENT, INTIMIDATION, OR BULLYING

Your Name: _____ Date: _____

Name of student(s) who harassed or bullied you: _____

Date of harassment or bullying: _____ Location: _____

Name of any adult or student witnesses: _____

Please describe the incident in detail: _____

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Has this sort of thing ever happened before? _____ If yes, how many times? _____

Please sign this report and turn it in to the building principal.

Signed: _____ Date: _____