

EXHIBIT

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**STUDENT HARASSMENT / BULLYING /
CYBERBULLYING PREVENTION**

(To be filed with the school administrator, the administrator's supervisor,
or with the Superintendent)

Additional pages may be attached if more space is needed.

Targeted Student Name: _____ Date: _____

Grade: _____

Person or Persons alleged to be harassing, bullying, or cyberbullying: _____

Specify the suspected offense by stating the problem as you see it. Describe the incident, the participants, the background to the incident, and any attempts you have made to solve the problem. Be sure to note relevant dates, times, people, and places.

Date of the of the incident or offense(s): _____

Provide what you would expect as an outcome to the incident reported.

If there is anyone who could provide more information regarding this, please list name(s), address(es), and telephone number(s).

Name	Address	Telephone Number
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that this information is correct to the best of my knowledge.

Signature of Student/Parent/Other Person

Date Signed

Staff Member Receiving Complaint

Date Received

Signature of Investigating Administrator

Date Signed

The investigating administrator shall give one (1) copy to the Superintendent and retain one (1) copy for the file.