

**Longview Independent School District
Bullying/Harassment Report Form
(Policy FFI & FFH)**

Campus: _____ Today's Date: _____

Administrator Completing Report: _____ Title: _____

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: _____

Date(s) of Incident(s): _____ Time of Incident: _____

Location of Incident: _____

Description of Incident(s) or Event(s): _____

Was Incident ever reported to anyone else? Yes No

If yes, to whom, when, and what was done: _____

Other information, including prior incidents or threats:

Receiving School Administrator's Signature: _____ **Date:** _____

Additional comments or notes from receiving school official: _____
