

HENRY VISCARDI SCHOOL

HARASSMENT AND/OR BULLYING REFERRAL FORM

The purpose of this form is to inform Administration and Dignity Act Coordinators at the Henry Viscardi School of an incident of bullying and/or harassment so we can investigate and take appropriate steps.

Date: _____ **Reporting Person:** _____

Name(s) of victim(s):

Name(s) of student(s) bullying /harassing:

Name(s) of Witnesses/Bystanders:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Describe the incident. Please include when and where it happened.

-----For office use only-----

Repeat Offender? Yes ____ No _____

Parent Contact? Yes ____ Date _____ No _____

Additional Actions Taken:

Administrator / DASA Coordinator Signature: _____