

**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:** \_\_\_\_\_