Lamar Consolidated Independent School District
BULLYING/HARASSMENT/DATING VIOLENCE REPORTING FORM

Lamar CISD prohibits bullying, harassment-including sexual harassment and dating violence.
Campus Name: ______________________ School Year: 20___/___ Date: ______/____/____
Name of Alleged Victim: ___________________________ Grade: _____ Age: ______

(PLEASE PRINT)

Name(s) of Alleged Offender(s): If unknown-please write “Unknown”
NAME: ____________________________________________________________________________ GRADE: _____ SCHOOL: ____________ Is he/she a student?
☐ YES ☐ NO
________________________________________________________________________
☐ YES ☐ NO
________________________________________________________________________
☐ YES ☐ NO

Name(s) of possible witnesses:
NAME: ____________________________________________________________________________ GRADE: _____ SCHOOL: ____________ Is he/she a student?
☐ YES ☐ NO
________________________________________________________________________
☐ YES ☐ NO
________________________________________________________________________
☐ YES ☐ NO

On what date(s) did the alleged incident happen? ______/____/___ thru ______/____/____

Was the alleged incident based on the alleged victim’s: PLEASE CIRCLE ALL THAT APPLY
Sex ☐ Race ☐ Color ☐ National Origin ☐ Disability ☐ Perceived Sexual Orientation

Where did the alleged incident occur? PLEASE CHECK ALL THAT APPLY
On school property ☐ On school bus # _____ On the way to/from school ☐
At a school sponsored or school related activity: ___________________ Other ___________________

Was the alleged victim physically injured? Please check only one:
_____ NO _____ YES-but it did not require medical attention _____ YES-and it required medical attention

Was the alleged victim absent from school as a result of the incident? _____ No _____ Yes - # of days____

Please indicate what the alleged offender said or did and any other information that you would like to provide. Please indicate why you think the alleged incident occurred:
____________________________________________________________________________________________________________________________________________________
                                                                 __________________________________________________________________________________________
                                                                 __________________________________________________________________________________________
                                                                 __________________________________________________________________________________________
                                                                 __________________________________________________________________________________________
                                                                 __________________________________________________________________________________________

PRINTED NAME OF PERSON REPORTING INCIDENT ____________________________ SIGNATURE OF PERSON REPORTING INCIDENT ____________________________ DATE ______/

Completed forms should be filed in the campus administrative office and retained for 5 YEARS.