

**CHAMPLAIN VALLEY UNION HIGH SCHOOL
ANONYMOUS HARASSMENT & BULLYING REPORT FORM**

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Description of Incident: _____

- please continue on the back if you need more space -

Name(s) of Alleged Perpetrator(s), if known: _____

This is an **anonymous** report, so **you are not required to include your name** or the name of the target if you choose not to. Knowing the name of the target, the reporter, or any witnesses helps us investigate the incident as thoroughly as possible, so please include this information if you feel comfortable doing so. All the names submitted below will remain confidential.

OPTIONAL – Name of target(s): _____

OPTIONAL – Name of reporter: _____

OPTIONAL – Name(s) of other witnesses: _____

Please put this completed form in either your House Counselor's mailbox in the Direction Center or your House Director's mailbox in the House Office.

Date Received: _____ Date Processed: _____ Findings: _____

Intervention: _____
