

STUDENT WELFARE FREEDOM FROM BULLYING

FFI (EXHIBIT)

Exhibit A—Incident Report Form (Student)

Student's name (optional):
Date:
Details of the incident(s)
Name of student(s) the incident happened to:
Name(s) of student(s) alleged to have caused the incident(s):
Date of the incident:
Time of the incident:
Location of the incident:
If the incident is alleged to have occurred on District property, identify the facility or campus:
Name(s) of anyone else who knows about what happened:
Describe what happened: (Attach additional pages if needed)

DATE ISSUED: 12/2/2022

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STUDENT WELFARE FREEDOM FROM BULLYING Student's signature <i>(optional)</i> :		FFI (EXHIBIT)
	eived by:	
Date	e:	
For	District's Internal Use Only	
Cor	firmation of parent notification regarding allegation	
	te to administrator: Notice to the parent or guardian of the alleged victim is required hin three business days of the reporting of the incident.	I
	Notification provided to the parent or guardian of alleged victim:	
	Parent's or guardian's name:	
	Date of notification:	
	Method of notification:	
	te to administrator: Notice to the parent or guardian of the student(s) alleged to have gaged in bullying is required within a reasonable time after the incident is reported.	'e
	Notification provided to the parent or guardian of student(s) who allegedly engaged bullying:	in
	Parent's or guardian's name:	
	Date of notification:	

Method of notification:

DATE ISSUED: 12/2/2022

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