

STUDENT WELFARE FREEDOM FROM BULLYING

FFI (EXHIBIT)

Exhibit B—Incident Report Form (Adult)

Contact information Name: _____ Home address: Work address (if applicable): Home phone: Mobile phone: Email address: Details of the incident(s) Name(s) of alleged offender(s): Name(s) of alleged victim(s): Describe your relationship to alleged victim(s)/offender(s): Date of the alleged incident: Time of the alleged incident: _____ Location of the alleged 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:

DATE ISSUED: 12/2/2022

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tact	scribe the alleged incident(s) as clearly as possible, including what force or physical cont, if any, was used; any verbal statements such as threats, requests, or demands; and any ctronic methods used, including email, social media, and the like. (Attach additional pages nore space is needed.)
	ereby certify that the information I have provided is true, correct, and complete to the best my knowledge and belief.
Sig	nature:
Dat	re:
	ceived by:
	re:
For	District's Internal Use Only
Co	nfirmation of parent notification regarding allegation:
	ote to the administrator: Notice to the parent or guardian of the alleged victim is re- uired within three business days of the reporting of the incident.
	Notification provided to parent/guardian of alleged victim(s):
	Parent's or guardian's name:
	Date of notification:
	Method of notification:
	ote to administrator: Notice to the parent or guardian of the student(s) alleged to have agaged in bullying is required within a reasonable time after the incident is reported.
	Notification provided to parent/guardian of student(s) who allegedly engaged in bullying: Parent's or guardian's name:
	Date of notification:

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