

When form is completed, please submit to the appropriate assistant principal at your student's campus.

Leander Independent School District

INTAKE FORM*

Date: _____

1. Name of Reporter/Person Filing the Report: _____

(Note: Reports may be made anonymously, but no disciplinary action will be taken against an alleged offender solely on the basis of an anonymous report.)

2. Check whether you are the: **Victim of the behavior** **Reporter (not the victim)**

3. Check whether you are a: **Student** **Staff member (specify role)** _____
 Parent **Administrator** **Other (specify)** _____

Your contact information/telephone number:

4. If student, state your school: _____ **Grade:** _____

5. If staff member, state your school or work site: _____

6. Information about the Incident:

Name of Victim (of behavior): _____

Name of Offender: _____

Relationship of Victim to Offender: _____

Date(s) of Incident(s): _____

Time When Incident(s) Occurred: _____

Location of Incident(s) (Be as specific as possible): _____

(Attach Form B)

7. Witnesses (List people who saw the incident or have information about it):

Name: _____ Student Staff Other _____

Name: _____ Student Staff Other _____

Name: _____ Student Staff Other _____

(Attach Form B)

8. Signature of Person Filing this Report: _____ **Date:** _____

(Note: Reports may be filed anonymously)

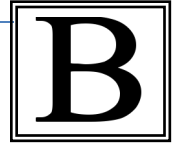
FOR ADMINISTRATIVE USE ONLY

9. Form Given to: _____ **Position:** _____ **Date:** _____

Signature: _____ **Date Received:** _____

*This form could be used for the following offenses: **SEXUAL HARASSMENT, HARASSMENT, BULLYING, CYBERBULLYING, DATING VIOLENCE, AND *SEXUAL VIOLENCE/ASSAULT**

(Cases of sexual violence/assault will be immediately referred to law enforcement officials. The victim does not need to complete this form for action to be taken.)



INCIDENT REPORT

In your own words, describe the behavior that occurred. Include date(s), time(s), location(s), people involved, witnesses, impact of incident on you or others and any other relevant circumstances or contributing factors.

I hereby certify that the information I have provided in this statement is true, correct and complete to the best of my knowledge and belief.

Student Name	Student ID/Grade Level
Signature	Date
Received By/Transcribed By	Date

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