

**TRI-VALLEY PUBLIC SCHOOLS
HATE/BIAS, HARASSMENT, INTIMIDATION, AND BULLYING
REPORT FORM**

NAME: _____

DATE OF INCIDENT: _____

DIRECTIONS: Describe in detail the nature of the incident/complaint. Include name(s) of person(s) involved including offenders, witnesses, dates, and times.

Your Signature: _____ Today's Date: _____

INVESTIGATION REPORT:

Investigated by: _____ Date: _____

FINAL DETERMINATION AND RESOLUTION:

Administrator's signature: _____ Date: _____