

CCSD Bullying and Harassment Complaint Form

Please fill out the following information so we may investigate this incident further:

First Name:	<input type="text"/>	Last Name:	<input type="text"/>
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Who saw this happen?	<input type="text"/>
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Who targeted you?	<input type="text"/>
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When did this happen?	<input type="text"/>	Where did this happen?	<input type="text"/>
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Why do you feel you were targeted?	<input type="text"/>
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How were you bullied?	<input type="text"/>
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Preferred way to contact you?	<input type="radio"/> Phone <input type="radio"/> In Person <input type="radio"/> E-Mail	E-Mail:	<input type="text"/>
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Contact Information	<input type="text"/>
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Please describe the incident:	<input type="text"/>
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Click on the box(s) below to upload screen-shot, picture or other supporting evidence you may have.

<input type="text"/>
Image Field

<input type="text"/>
Image Field

<input type="text"/>
Image Field

<input type="text"/>
Image Field