

## Tell City-Troy Township School Corporation Bullying and Harassment Anonymous Reporting Form

If you have information regarding bullying/harassment and would like to report this information anonymously, please fill out the following form to the best of your knowledge and submit.

School:				
Principal: Today's date /				
	Sex M or F	Grade	Age	
Target / Victim's Name (First and Last)				
Alleged Bully's Name (First and Last)				
Witness #1 Name (First and Last)				
Witness #2 (First and Last)				
Date of Incident:/ Time of Inciden	nt(s):	Frequency of In	cidents:	
<ol> <li>Where did the incident happen (choose all that a school property</li></ol>	onsored activity from school . Internet, e-ma ened (choose a n is or racial hara	ail, cellular telepho Il that apply)? Threat ssment   Public Stalkir	ne, or wireless) s Humiliation	
<ol> <li>Describe what happened.</li> <li>If witnesses are involved, describe their role in the involved.</li> </ol>	n this incident.			

Please fax this report to: Attention: Counselor @ (812) 547-9746 (William Tell Elementary)

Attention: Counselor @ (812) 547-9705 (Tell City Jr.-Sr. High School)

Or

**Please mail this report to:** Attention: Counselor Attention: Counselor

William Tell Elementary School Tell City Jr.-Sr. High School

1235 31<sup>st</sup> Street 900 12<sup>th</sup> Street Tell City, IN 47586 Tell City, IN 47586

Thank you. This report will be investigated within 24 hours.

For Office Use Only		
Date Received:	Date of Investigation:	
Received By:	Outcome:	