

**Jefferson County Board of Education**  
**Report/Threat of Violence, Harassment and/or Bullying**

*JCBE/Policy No. 6.24 - Harassment, Violence and Threats of Violence Prohibited*

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

**Incident Reported By:** Student: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of incident: \_\_\_\_\_

Specific Location of Incident: \_\_\_\_\_

Description of the Problem Leading to the Incident: \_\_\_\_\_

Who participated in the Incident? \_\_\_\_\_

Did anyone witness the Incident? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If Yes, name the witness(es): \_\_\_\_\_

Have you asked for help with this from any other adult at the school? If so, who? \_\_\_\_\_

When? \_\_\_\_\_

**Reporting:**

Student: \_\_\_\_\_ Date: \_\_\_\_\_  
*Signature*

OR

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
*Signature*

**FOR SCHOOL USE ONLY**

Member of a Protected Category: Sexual: \_\_\_\_\_ Pregnant: \_\_\_\_\_ Race: \_\_\_\_\_ Religion: \_\_\_\_\_ Disability: \_\_\_\_\_

National Origin: \_\_\_\_\_ Other: \_\_\_\_\_

This incident resulted in a threat of suicide by the victim: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Date Entered in INOW: \_\_\_\_\_

Action(s) Taken at School: \_\_\_\_\_

Copy to Deputy Superintendent: \_\_\_\_\_  
Name Date