

**BULLYING/HARASSMENT  
REFERRAL**

DATE \_\_\_\_\_ VICTIM \_\_\_\_\_

TIME \_\_\_\_\_

PLACE \_\_\_\_\_ AGGRESSOR/S \_\_\_\_\_

REPORTER: Optional - May Remain Anonymous \_\_\_\_\_

INCIDENT (please provide details, include who was involved, all known witnesses, and injuries) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INTERVENTION:**

Warning \_\_\_\_\_ Parent Notified Y/N

Intent to Suspend \_\_\_\_\_ Policy letter Y/N

School Disciplinary Actions \_\_\_\_\_

Criminal Actions \_\_\_\_\_

I understand the harassment policy at Woodward H.S. and am aware of the consequences that could transpire should this continue.

\_\_\_\_\_  
Student Signature/Date

\_\_\_\_\_  
Staff Signature/Date

Copies To: Dean \_\_\_\_\_  
Referring Staff: \_\_\_\_\_  
Counselor: \_\_\_\_\_