

**LEEDS CITY BOARD OF EDUCATION
REPORT OF VIOLENCE, THREAT OF VIOLENCE, HARASSMENT (All Forms
Including Sexual), BULLYING, CYBERBULLYING, OR INTIMIDATION**

School Name: _____ Student Name: _____

Grade: _____

INCIDENT REPORTED BY: STUDENT _____ PARENT/GUARDIAN _____

Date of Incident: _____

Specific Location of Incident: _____ Time: _____

DESCRIPTION OF CONDUCT/CIRCUMSTANCES LEADING TO COMPLAINT/REPORT:

**(Attach Additional Sheets if Necessary)
REQUESTED RESOLUTION/RELIEF:**

**(Attach Additional Sheets If Necessary)
OTHER INFORMATION:**

I believe the incident in question was motivated by the following characteristic(s) (Check all that apply):

The incident resulted in a threat of suicide by the victim:

Student: _____ Date: _____
Signature

OR

Parent/Guardian: _____ Date: _____
Signature

**DELIVER TO THE PRINCIPAL'S OFFICE OR MAIL TO THE CENTRAL OFFICE
LEEDS CITY SCHOOLS
1517 HURST AVENUE
LEEDS, AL 35094**

Approved: 8/14/2018

LCBE/Policy No. 5.28, Anti-Harassment