



# ALTURAS INTERNATIONAL ACADEMY

151 N Ridge Avenue, Idaho Falls, ID 83402 | Office: 208-522-5145 | Fax: 208-522-5147  
Office@AlturasAcademy.org | AlturasAcademy.org

**STUDENTS**

**3290F**

## Harassment Reporting Form for Students

School \_\_\_\_\_ Date \_\_\_\_\_

Student's Name \_\_\_\_\_

(If you feel uncomfortable leaving your name, you may submit an anonymous report, but please understand that an anonymous report will be much more difficult to investigate. We assure you that we'll use our best efforts to keep your report confidential.)

Who was responsible for the harassment or incident(s)? \_\_\_\_\_

\_\_\_\_\_

Describe the incident(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date(s), time(s), and place(s) the incident(s) occurred: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Were other individuals involved in the incident(s)?  yes  no

If so, name the individual(s) and explain their roles: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did anyone witness the incident(s)?  yes  no

If so, name the witnesses: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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Did you take any action in response to the incident?  yes  no

If yes, what action did you take? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Were there any prior incidents?  yes  no

If so, describe any prior incidents: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature of complainant \_\_\_\_\_

Signatures of parents/legal guardian \_\_\_\_\_