Phone: (530) 547-9726 Fax: (530) 547-9734 catherinet@chrysalischarter.org



Address: P.O. Box 709 Palo Cedro, CA 96073

Bullying, Harassment and Inappropriate Behavior Report Form

All students, parents, and staff at Chrysalis shall enjoy freedom from bullying and harassment as defined by Chrysalis policy and included in the Parent/Student handbook. This also includes sexual harassment, which is a form of sexual discrimination (EC §231.5). As part of this freedom, you have the freedom to file this confidential report form. We hope that the concerned person also talks to a teacher or administrator so the situation can be resolved quickly. You have the right to file this form at any time. All complainants are protected from retaliation so your identity as a complainant will remain confidential as appropriate. Please submit this to the Administrator either in person or by email.

| I. | Contact Information: | | |
|------|---|--|--|
| | Name: | | |
| | Address: | | |
| | City: Zip: | | |
| | Phone: Alt. Phone | | |
| | E-mail | | |
| II. | Reporter: You are filing this report on behalf of: | | |
| | \square yourself \square your child or a student \square another student \square a group | | |
| III. | Details of Report Please answer the following questions to the best of your ability. Attach additional sheets of paper if you need more space. | | |
| | Please describe the inappropriate behavior that led to this report, including the situational context, in as much detail as possible: | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| List the individuals involved in the incident(s): | |
|--|--|
| | |
| List any witnesses to the incident(s): | |
| | |
| Describe the location where the incident(s) occurred: | |
| | |
| | |
| Please list the date(s) and time(s) when the incident(s) your attention: | s) occurred or when the alleged acts first came to |
| | |
| | |
| | |
| | |
| Who have you talked to about this? \Box teacher \Box administrator \Box office staff \Box of | hers |
| If you have discussed with school staff, what was the | outcome? |
| | |
| | |
| | |
| | |
| Signature of person filing complaint | Date |
| Received by: | Date Rec'd: |