

**FORM 14-1****STATEMENT FORM: INVOLVING ALLEGED ASSAULT OR HARASSMENT**

(Page 1-2)

**FORM TO BE COMPLETED BY: Attending School Personnel**

This Statement Form is to be completed by a student or school personnel who is reporting assault or harassment and is used to gather information regarding serious incidents that occur on campus or during school sponsored events. The information will be used as part of an investigation to determine the best course of action in an effort to keep students and employees safe as well as to help the school improve procedures that will foster a safe and positive learning environment. Parents may be informed that their child is providing a statement regarding the incident, the nature of the incident and the parent's right to appeal, if applicable. A completed copy of this portion of the Statement Form shall be provided to the parent or legal guardian or eligible student for their record.

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date: \_\_\_\_\_

Type of Incident: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Time of Incident: \_\_\_\_\_AM/PM Injury Involved: ☐ Yes ☐ NoWere you personally victimized by the incident? ☐ Yes ☐ NoDid you see the school health counselor? ☐ Yes ☐ No

Would you like to speak with your school counselor at a later time about the incident?  
(For students)

☐ Yes ☐ No

Attending School

Personnel/Position: \_\_\_\_\_

Print First and Last Name

Position

**Explain the incident to the best of your knowledge. Be specific and detailed to include names, locations, times, and other relevant information, and pay attention to the sequence of events. Use additional sheets of paper, if necessary.**

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Reporter's Name (Print)

Signature and Date

## STATEMENT FORM: INVOLVING ALLEGED ASSAULT OR HARASSMENT

(Page 2-2)

<b>FORM TO BE COMPLETED BY: School Administrator</b>
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A completed copy of this Statement Form shall be provided to the parent or legal guardian or school personnel for their record.

Administrators Disposition/Action:

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Injury Involved: ☐ Yes ☐ No

Other persons involved: ☐ Yes ☐ No

Was the student referred to the School Health Counselor? ☐ Yes ☐ No

Time: \_\_\_\_\_ Date: \_\_\_\_\_

Was an Ambulance Involved: ☐ Yes ☐ No

If yes, Time: \_\_\_\_\_ Date: \_\_\_\_\_

Was GPD Involved: ☐ Yes ☐ No

If yes, time: \_\_\_\_\_ Date: \_\_\_\_\_

Was CPS Involved: ☐ Yes ☐ No

If another agency involved, specify: \_\_\_\_\_

Date and Time that Parent(s) Informed: \_\_\_\_\_

Follow-Up Meeting with Parent(s): Time: \_\_\_\_\_ Date: \_\_\_\_\_

Supportive Counseling with School Counselor: Time: \_\_\_\_\_ Date: \_\_\_\_\_

Administrators are required to enter information contained in this report into PowerSchool under the Discipline Log or the Incident Reporting Log (IR). For incidents where the student is the victim the information can be entered into IR: File Incident or IR: File Complaint.

Follow-up interventions conducted by the School Counselor must also be entered into PowerSchool in the SGC Log, if applicable.

Follow-up interventions conducted by the School Health Counselor must also be entered into PowerSchool in the Health Profile and SNAP Health Profile, if applicable.

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Administrator's Name (Print)

Signature and Date