

**FORM 14-2****NOTICE OF ALLEGATION OF ASSAULT OR HARASSMENT****FORM TO BE COMPLETED BY:** Attending School Personnel, School Administrator,  
Parent or Legal Guardian, and School Witness

A completed/signed copy of this document shall be provided to the parent/legal guardian and placed in the student's cumulative folder.

TO: \_\_\_\_\_  
(Name of parents/legal guardians of student name below)

REGARDING: \_\_\_\_\_  
(Name of student)

FROM: \_\_\_\_\_  
(Name of principal or principal's designee)

SCHOOL: \_\_\_\_\_

This is to notify you that on the date specified below your son or daughter alleged that he or she was assaulted or harassed by the individual and in the manner described below. The school has already reported the alleged assault or harassment to the Guam Police Department or Child Protective Services. Additionally, you and your child have the right to contact either agency about this allegation.

Name of Alleged Assailant (if known):

\_\_\_\_\_  
Type of Alleged Assault or Harassment:

\_\_\_\_\_  
Place of Alleged Assault or Harassment:

\_\_\_\_\_  
Date of Alleged Assault or Harassment:

Time of Incident: \_\_\_\_\_ AM/PM      Injury Involved: ☐ Yes ☐ No

Did you see the school health counselor?      ☐ Yes   ☐ No

Would you like to speak with your school counselor at a later time about the incident? ☐ Yes ☐ No

Attending School Personnel/Position:

\_\_\_\_\_  
Print First and Last Name

\_\_\_\_\_  
Position

Description of Alleged Assault or Threat:

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_  
Signature of School Administrator or Designee

\_\_\_\_\_  
Date

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ACKNOWLEDGMENT OF RECEIPT

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\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of School Witness to Receipt

\_\_\_\_\_  
Date