

GLOSSOP HIGH SCHOOL

HARASSMENT REPORT

Your report will be confidential unless you want action taken that means other people need to know.

(FULL NAME of student making report)

(HG)

(Date)

Name all the people involved (first & last names)? _____

What exactly is being said or done and by whom? _____

Write or circle when this happened or how often this happens: Daily Weekly Monthly

Date/s Time/s

Where does it occur? Which class, where in the yard, out of school, toilets, on the bus etc.

What are the names of any witnesses who have seen or heard what happened? _____

How did you respond when this happened? _____

What would you like to happen now? _____

Is there anyone in particular you would like to support you or talk to about this? _____

Teacher / Wellbeing Leader / SL / AP to complete this section, explain what action has been taken and what future action, if any, is expected:

- Level 1: Shared Concern - talked to all parties & seemed to resolve the situation
- Level 2: Warning given to stop any further misbehaviour - to be recorded on DUX by staff member
- Level 3: Formal Harassment Letter sent notifying parents of issues & future consequences
- Level 4: Suspension from school

Comment/action taken: _____

PTO if more space required

Please copy & distribute to the following:

1. Enter on DUX
2. Give a copy each to Student Services & Home Group teacher

DETERMINATION ~ SAFETY ~ RESPECT ~ LEARNING