

**QUILLAYUTE VALLEY SCHOOL DISTRICT NO. 402**  
Prohibition of Bullying, Harassment, Intimidation  
Incident Report Form (3207F)  
(Alleged Victim Complaint Form)

Date of written report: \_\_\_\_\_

Individual making complaint: \_\_\_\_\_

Phone number: \_\_\_\_\_

School or program location: \_\_\_\_\_

Date, time, and location of alleged incident: \_\_\_\_\_

\_\_\_\_\_

Names of individuals involved: \_\_\_\_\_

\_\_\_\_\_

What happened? (Include as many details as possible, attaching additional pages if necessary): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List individuals who may have additional information pertaining to this incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

To your knowledge, was law enforcement contacted regarding this incident? \_\_\_\_\_

\_\_\_\_\_

When and where might additional incidents of this type be likely to occur? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

