BULLYING INCIDENT REPORT

Complete and submit this form to the Dean of Students, Matt Picou, at mpicou3@lsu.edu. This form may be completed by the person involved in the incident or by the person to whom the incident has been reported.

Person Reporting the Incident: _______________________________________ Date of the Incident: ________________

Person Reporting the Incident: ___ Student ___ Parent/Guardian ___ Teacher ___ Other ________________________________

Description of the Incident:
(Include the full names of those involved and as much detail as possible: what, where, when, how, etc.)

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List the full name(s) of any witnesses to the incident:

__________________________________________________________________________________________________
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I agree that all the information on this form is accurate and true to the best of my knowledge.

Signature of Person Filing the Report: _______________________________________ Date: ________________

Received By: __________________________________ Position: __________________ Date: ___________________