BULLY/HARASSMENT INCIDENT REPORT FORM

If a Waxahachie ISD student: My name is _____,

and my student ID is #_____. I am a/an _____ grade student at

_____ in the Waxahachie Independent School

District.

If a Waxahachie ISD staff member: My name is _____,

and my role is _____ in the

Waxahachie Independent School District.

The following statement is ***true***:

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Signature

This _____ day of (month)_____, (year) 20_____. Time: _____

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