



Demopolis City Schools **BAN** Program

4TH – 12TH Grade Reporting Form



Date: _____

Reporting Person: _____

Name(s) of Victim(s):

Name(s) of Offender(s):

Name(s) of witnesses:

Type of Complaint:

Verbal/Name Calling
 Threats
 Social Media

Exclusion
 Racial Slurs
 Picture/Photos

Physical
 Sexual Comments

Verbal/Rumors, Lies, Gossip
 Stealing/Damage to Property

Other: _____

Location of Incident:

Athletic Field
 Cafeteria
 Parking Lot

Hallway
 Bus
 Courtyard

In Class w/Teacher
 Bus Stop
 Computer/Phone

In Class w/o Teacher
 Locker Room

Bathroom
 Gym

Other Adults in the Building who Know about the Incident: _____

Explain What Happened: _____

-----FOR OFFICE USE ONLY-----

Date Received: _____ Received By: _____

Repeat Offender: **Yes** **No**

Parent Offender Contact (date): _____ Parent Victim Contact (date): _____

Administrative Referral (date): _____

Disposition: _____

