

EXHIBIT **EXHIBIT**

STAFF CONDUCT WITH STUDENTS
REPORTING BOUNDARY VIOLATIONS
AND SUSPECTED BOUNDARY VIOLATIONS

Name: _____

E-mail: _____

Phone: _____

Describe what happened/what is happening: _____

When did it happen? Date: _____ Time: _____

- Where did it happen? At school
 At school event
 In a school parking lot
 On a school playground
 On the bus
 Other: _____

Location Detail: _____

Who was committing the boundary violation? _____

Did anyone else witness the boundary violation? _____

Were you or other persons physically or emotionally hurt? _____

Have you told anyone about the boundary violation? _____

Has this happened before? _____
