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Student Signature \_\_\_\_\_

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**Teacher:** Please describe what you witnessed and/or actions taken to resolve this issue.

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Teacher Signature \_\_\_\_\_ Date \_\_\_\_\_

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**For Office Use Only:** Review/ Investigation Notes/Actions Taken

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Administrator's Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\* Place copies in student's files after Review/ Investigation Notes/Actions Taken.\*\*\*\*\*