

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 school bus
 - Other: _____

Location details:

Who was committing the boundary violation?

Who was the victim of the boundary violation?

Did anyone else witness the boundary violation?

Were you or other persons physically or emotionally hurt?

Have you or the victim missed any school or made changes to your daily routine as a result of the boundary violation?

Have you told anyone about the boundary violation?

Has this happened before?
