

# Clayton Municipal Schools

323 South Fifth Street  
Clayton, New Mexico 88415  
Phone (575)-374-9611  
Fax (575)-374-9881

Mrs. Stacy Diller  
Superintendent

Mrs. Christina Hidalgo  
Clayton High School Principal  
Mrs. Jennifer Poling  
Clayton Junior High Head Teacher  
Kiser Elementary Head Teacher  
Ms. Hilary Holmes  
Alvis Elementary Principal  
Mrs. Janis Ruf  
Special Education Director

J-2581 © JICD-E

**EXHIBIT EXHIBIT**

## STUDENT HARASSMENT / BULLYING CYBERBULLYING PREVENTION

(To be filed with the school administrator, the administrator's supervisor,  
or with the Superintendent)

*Additional pages may be attached if more space is needed.*

Targeted Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Grade: \_\_\_\_\_

Person or Persons alleged to be harassing, bullying, or cyberbullying:

\_\_\_\_\_  
\_\_\_\_\_

Specify the suspected offense by stating the problem as you see it. Describe the incident, the participants, the background to the incident, and any attempts you have made to solve the problem. Be sure to note relevant dates, times, people, and places.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of the incident or offense(s): \_\_\_\_\_

Provide what you would expect as an outcome to the incident reported.

\_\_\_\_\_  
\_\_\_\_\_

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If there is anyone who could provide more information regarding this, please list name(s), address(es), and telephone number(s).

Name    Address    Telephone Number

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I certify that this information is correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Student/Parent/Other Person

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Staff Member Receiving Complaint

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Investigating Administrator

\_\_\_\_\_  
Date Received

*The investigating administrator shall give one (1) copy to the Superintendent and retain one (1) copy for the file.*