



Intake Staff Only
State: _____
Chapter: _____
Case #: _____

Bikers Against Abuse
Bullying Intake Information

Student's Name: _____

Parent(s) Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ - _____

School: _____

City: _____ State: _____

Principal: _____ Counselor: _____

Was Board of Education Notified: Yes / No

If so Who: _____

Date of Incident: _____ Date of Notice to school: _____

Person(s) involved if known: _____

Description of Incident(s): _____

By signing this affidavit, you understand that you are asking for assistance from Bikers Against Abuse with the situation stated above. The information gathered for this case and all information given by you and others will be solely utilized for the purpose of the protection of the child(ren) involved. Unless otherwise deemed relevant such as suicidal or homicidal thoughts or actions.

Parent / Guardian Signature: _____

Student Signature: _____