

## Bullying, Harassment or Intimidation Reporting Form

**Directions:** This is a form to report alleged bullying, harassment , or intimidation that occurred on school property; at a school- sponsored activity or event off school property; on a school bus; or on the way to and/or from school, in the current school year.

**Definition:** Bullying ,harassment or intimidation means intentional conduct, including verbal, physical, or written conduct or an intentional electronic communication that creates a hostile educational environment by substantially interfering with a student's educational benefits, opportunities, performance or with a student's physical or psychological well-being and is:

- Motivated by an actual or perceived personal character including race, national origin, marital status, sexual orientation, gender identity, religion, ancestry physical attributes, socioeconomic status. familial status, physical or mental disability; or,
- Threatening or seriously intimidating and,
- Occurs on school propriety at a school event or on a school bus; or occurs
- Substantially disrupts the orderly operation of school
- "Electronic communication means a communication transmitted by means of any electronic devise, including a telephone, cellular phone computer or pager.

Name of School \_\_\_\_\_ Date: \_\_\_\_\_

Name of person filing report: \_\_\_\_\_ Title \_\_\_\_\_

Contact information: Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Check if you are the:

\_\_\_ Witnesses to incident \_\_\_ Target/Victim of incident \_\_\_ Reporter

Incident Date(s) \_\_\_\_\_ Time(s) \_\_\_\_\_

Name of individuals involved:

Target(s) of behavior:

Name: \_\_\_\_\_ \_\_\_ Student \_\_\_ Staff Other \_\_\_\_\_

Name: \_\_\_\_\_ \_\_\_ Student \_\_\_ Staff Other \_\_\_\_\_

Name: \_\_\_\_\_ \_\_\_ Student \_\_\_ Staff Other \_\_\_\_\_

Aggressor(s)

Name: \_\_\_\_\_ \_\_\_ Student Other \_\_\_\_\_

Name: \_\_\_\_\_ \_\_\_ Student Other \_\_\_\_\_

Name: \_\_\_\_\_ \_\_\_ Student Other \_\_\_\_\_

**Witnesses: List any people who saw or have knowledge of the incident**

Name: \_\_\_\_\_  Student  Staff  Other \_\_\_\_\_  
Name: \_\_\_\_\_  Student  Staff  Other \_\_\_\_\_  
Name: \_\_\_\_\_  Student  Staff  Other \_\_\_\_\_  
Name: \_\_\_\_\_  Student  Staff  Other \_\_\_\_\_

**Location(s): Be as specific as possible**

Was teacher or other adult present?  Yes  No Name: \_\_\_\_\_

<input type="checkbox"/> Hallway	<input type="checkbox"/> Classroom	<input type="checkbox"/> Bus
<input type="checkbox"/> Stairwell	<input type="checkbox"/> Locker room	<input type="checkbox"/> School event
<input type="checkbox"/> Bathroom	<input type="checkbox"/> To or from	<input type="checkbox"/> School property
<input type="checkbox"/> Cafeteria	<input type="checkbox"/> school	<input type="checkbox"/> Other _____

**Type of Incident: Place an x next to each and all that best describes what happened and use space below to provide further details.**

- Physical: *shove, hit, push, kick, steal property, deface property*
- Verbal: *teasing, taunting, name calling, harassing, insulting remarks*
- Electronic: *text, defamatory web sites, emailing derogatory message or*
- Getting another person to hit or harm a student
- Spreading harmful rumors
- Excluding or rejecting the target
- Intimidating (Bullying) extorting or exploiting
- Sexual Harassment: *inappropriate sexual comments, electronic communication or touching*
- Bias based HIB: *race, religion, gender, sexual orientation, national origin, age, disability, familial status*
- Vandalism/Related: *theft, damage to property, arson,*
- Substance Offense:  Drugs  Alcohol /  use confirmed  Possession
- Sale
- Weapon: Type \_\_\_\_\_  Possession  Use

Other \_\_\_\_\_

**Description of**

**Incident:** \_\_\_\_\_

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

Did physical injury result from this incident?  Yes  No  Don't Know

If yes did it require medical attention? \_\_\_\_Yes \_\_\_\_No \_\_\_\_Don't Know

Name(s) of those injured and  
injury:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Were any student(S) absent from school as a result of the incident?  
\_\_\_\_Yes \_\_\_\_No \_\_\_\_Don't Know If yes how many days?\_\_\_\_\_ \_\_\_\_Don't  
Know

**Signature of Person Filing this Report**

:\_\_\_\_\_Date:\_\_\_\_\_

Completed report forms should be given to the building Principal

**Administrator Signature**\_\_\_\_\_

**Date:**\_\_\_\_\_

**Please use the space below for any additional information that may help in the investigation.**