

## BULLYING, HARASSMENT OR INTIMIDATION REPORTING FORM

Directions: Bullying, harassment, or intimidation are serious and will not be tolerated. 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. If you are a student victim, the parent/guardian of a student victim, or a close adult relative of a student victim, or a school staff member and wish to report an incident of alleged bullying harassment, or intimidation, complete this form and return it to the Principal at the student victim's school. Contact the school for additional information or assistance at any time.

Bullying, harassment, or intimidation means intentional conduct, including verbal, physical, or written conduct, or an intentional electronic communication, that: (I) creates a hostile educational environment by substantially interfering with a student's educational benefits, opportunities, or performance, or with a student's physical or psychological well-being and is: 1. motivated by an actual or a perceived personal characteristic including race, national origin, marital status, sex, sexual orientation, gender identity, religion, ancestry, physical attribute, socioeconomic status, familial status, or physical or mental ability or disability; or 2. threatening or seriously intimidating; and (II) 1. occurs on school property, at a school activity or event, or on a school bus; or 2. substantially disrupts the orderly operation of a school. Electronic communication means a communication transmitted by means of an electronic device, including a telephone, cellular phone, computer, or pager.

Today's date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

School: \_\_\_\_\_

School System: \_\_\_\_\_

**PERSON REPORTING INCIDENT**

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Place an X in the appropriate box:  Student  Student (Witness/Bystander)  Parent/guardian  Close adult relative  
 School Staff

1. Name of student victim: \_\_\_\_\_ Age: \_\_\_\_\_  
(Please print)

2. Name(s) of alleged offender(s) (If known): <small>(Please print)</small>	Age	School (if known)	Is he/she a student?
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. On what date(s) did the incident happen?:  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year                      Month Day Year                      Month Day Year

4. Place an X next to the statement(s) that best describes what happened (choose all that apply):

- Any bullying, harassment, or intimidation that involves physical aggression
- Getting another person to hit or harm the student
- Teasing, name-calling, making critical remarks, or threatening, in person or by other means
- Demeaning and making the victim of jokes
- Making rude and/or threatening gestures
- Excluding or rejecting the student
- Intimidating (bullying), extorting, or exploiting
- Spreading harmful rumors or gossip
- Electronic Communication (specify) \_\_\_\_\_
- Other (specify) \_\_\_\_\_

5. Where did the incident happen (choose all that apply)?

- On school property
- At a school-sponsored activity or event off school property
- On a school bus
- On the way to/from school\*

\*Will be collected unless specifically excluded by local board policy

6. What did the alleged offender(s) say or do? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Attach a separate sheet if necessary)

7. Why did the bullying, harassment or intimidation occur? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Attach a separate sheet if necessary)

8. Did a physical injury result from this incident? Place an X next to one of the following:

- No
- Yes, but it did not require medical attention
- Yes, and it required medical attention

9. If there was a physical injury, do you think there will be permanent effects?  Yes  No

10. Was the student victim absent from school as a result of the incident?  Yes  No  
If yes, how many days was the student victim absent from school as a result of the incident? \_\_\_\_\_

11. Did a psychological injury result from this incident? Place an X next to one of the following:

- No
- Yes, but psychological services have not been sought
- Yes, and psychological services have been sought

12. Is there any additional information you would like to provide? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Attach a separate sheet if necessary)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_