

Bullying, Harassment or Intimidation Reporting Form

This form is to be confidentially maintained in accordance with the Family Educational Rights and Privacy Act, 20 U.S.C.§1232g.

Directions: Bullying, harassment or intimidation is not acceptable. Please complete this form to report alleged bullying, and return it to the school administration office. Contact the school for additional information or assistance at any time.

Are you (check onc): Student/Witenss/Bystander School Staff Member Parent/Guardian Close Adult Relative Other Adult Student Name(s): Role: (victim, offender, witness) Gender: Race/Ethnicity: Grade: Teacher: Image: Student Name(s): Role: (victim, offender, witness) Gender: Race/Ethnicity: Grade: Teacher: Image: Student Name(s): Role: (victim, offender, witness) Gender: Race/Ethnicity: Grade: Teacher: Image: Student Name(s): Role: (victim, offender, witness) Gender: Race/Ethnicity: Grade: Teacher: Image: Student Name(s): Role: (victim, offender, witness) Gender: Race/Ethnicity: Grade: Teacher: Image: Student Name(s): Role: (victim, offender, witness) Gender: Race/Ethnicity: Grade: Teacher: Image: Student Name(s): Role: (victim, offender, witness) Gender: Race/Ethnicity: Grade: Image: Student Name(Sourd) 1. On what date(s) did the incident(s) happen? Image: Student Name Student N	Person Reporting Incident:		Telephone:	Em	ail:		
Student/Victim Parent/Guardian Close Adult Relative Other Adult Student Name(s): Role: (victim, offender, witness) Gender: Race/Ethnicity: Grade: Teacher:	Are you (check one):						
Student Name(s): Role: (victim, offender, witness) Gender: Race/Ethnicity: Grade: Teacher:	Student/ Victim	Student Witness/Bystander		School Staff Member			
Image: Second	Parent/Guardian	Close Adult Relative		Other Adult			
2. Where did the incident(s) happen? (Check all that apply): Bus Computer lab Cafeteria Media Center Classroom PEER Hallway/Courtyard Playground Restroom School Activity/Event To/From School Other	Student Name(s):	Role: (victim, offender, witness)) Gender:	Race/Ethnicity:	Grade:	Teacher:	
2. Where did the incident(s) happen? (Check all that apply): Bus Computer lab Cafeteria Media Center Classroom PEER Hallway/Courtyard Playground Restroom School Activity/Event To/From School Other							
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Playground Restroom School Activity/Event To/From School Other	2. Where did the incident(s) ha	ppen? (Check all that apply):					
3. What best describes what happened? (Check all that apply): Please indicate what was the main offense Cyber Bullying/texting Hitting Inappropriate Touching Intimidation Kicking Name Calling Profanity Pushing Rude/Threatening Gestures Rumors/Gossip Social Exclusion/Rejection Teasing Theft Threatening Other	Bus Computer lab	Cafeteria Media Center	Classro	om PEER			
Kicking Name Calling Profanity Pushing Rude/Threatening Gestures Rumors/Gossip Social Exclusion/Rejection Teasing Theft Threatening Other							
Rude/Threatening Gestures Rumors/Gossip Social Exclusion/Rejection Teasing Theft Threatening Other	Cyber Bullying/texting	Hitting	In	appropriate Touchin	g Int	imidation	
Theft Threatening Other	Kicking	Name Calling	Pr	ofanity	Pus	shing	
4. Was the student bullied based on: Gender Expression Disability Race/Color Sexual Orientation Personal Appearance N/A 5. Was there an adult around at the time of the incident? Yes No If so, who?	Rude/Threatening Gestures	Rumors/Gossip	Se	ocial Exclusion/Reje	ection Tea	asing	
6. Explain what you saw, heard and/or experienced: 7. Was the victim receiving any of the following services? 504 plan IEP English Learner N/A FOR OFFICE USE ONLY					al Orientation P	ersonal Appearance	N/A
7. Was the victim receiving any of the following services? 504 plan IEP English Learner N/A FOR OFFICE USE ONLY	5. Was there an adult around at	t the time of the incident? Yes	No If sc	o, who?			
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FOR OFFICE USE ONLY							
FOR OFFICE USE ONLY		· · · · · · · · · · · · · · · · · · ·	504 mlan	IED Er	aliah Taamaa		
		of the following services?	304 plan	IEP Eng	giish Learner	N/A	
Date received in office							
Repeat Bullying Offender? Yes or No Victim Parent Contacted on	Repeat Bullying Offender? Yes		Victim Pa	rent Contacted on _			
Referral? Yes or No Entered into Synergy? Yes or No Outcome of Investigation (circle) substantiated/unsubstantiated Notes		, 6,	Outcon	e of Investigation	(circle) substantia	ated/unsubstantiated	L
Signature of discipline team member who completed bottom portion:	Signature of discipline team member who completed bottom portion:					ate:	