



# 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.

Person Reporting Incident: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you (check one):

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Student/ Victim | <input type="checkbox"/> Student Witness/Bystander | <input type="checkbox"/> School Staff Member |
| <input type="checkbox"/> Parent/Guardian | <input type="checkbox"/> Close Adult Relative      | <input type="checkbox"/> Other Adult         |

Student Name(s): \_\_\_\_\_ Role: (victim, offender, witness) \_\_\_\_\_ Gender: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

| Student Name(s) | Role: (victim, offender, witness) | Gender | Race/Ethnicity | Grade | Teacher |
|-----------------|-----------------------------------|--------|----------------|-------|---------|
|                 |                                   |        |                |       |         |
|                 |                                   |        |                |       |         |
|                 |                                   |        |                |       |         |
|                 |                                   |        |                |       |         |
|                 |                                   |        |                |       |         |

1. On what date(s) did the incident(s) happen? \_\_\_\_\_

2. Where did the incident(s) happen? (Check all that apply):

- |                                     |                                       |  |   |                                      |                               |  |
|-------------------------------------|---------------------------------------|--|---|--------------------------------------|-------------------------------|--|
| <input type="checkbox"/> Bus        | <input type="checkbox"/> Computer lab | <input type="checkbox"/> Cafeteria             | <input type="checkbox"/> Media Center   | <input type="checkbox"/> Classroom   | <input type="checkbox"/> PEER | <input type="checkbox"/> Hallway/Courtyard |
| <input type="checkbox"/> Playground | <input type="checkbox"/> Restroom     | <input type="checkbox"/> School Activity/Event | <input type="checkbox"/> To/From School | <input type="checkbox"/> Other _____ |                               |  |

3. What best describes what happened? (Check all that apply): **Please indicate what was the main offense** \_\_\_\_\_

- |  |  |   |                                       |
|--|--|---|---------------------------------------|
| <input type="checkbox"/> Cyber Bullying/texting    | <input type="checkbox"/> Hitting       | <input type="checkbox"/> Inappropriate Touching     | <input type="checkbox"/> Intimidation |
| <input type="checkbox"/> Kicking                   | <input type="checkbox"/> Name Calling  | <input type="checkbox"/> Profanity                  | <input type="checkbox"/> Pushing      |
| <input type="checkbox"/> Rude/Threatening Gestures | <input type="checkbox"/> Rumors/Gossip | <input type="checkbox"/> Social Exclusion/Rejection | <input type="checkbox"/> Teasing      |
| <input type="checkbox"/> Theft                     | <input type="checkbox"/> Threatening   | <input type="checkbox"/> Other _____                |                                       |

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? \_\_\_\_\_

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**

Date received in office \_\_\_\_\_  
 Repeat Bullying Offender? Yes or No \_\_\_\_\_ Victim Parent Contacted on \_\_\_\_\_  
 Referral? Yes or No \_\_\_\_\_ Entered into Synergy? Yes or No \_\_\_\_\_ **Outcome of Investigation (circle) substantiated/unsubstantiated**  
 Notes \_\_\_\_\_

Signature of discipline team member who completed bottom portion: \_\_\_\_\_ Date: \_\_\_\_\_