



## BULLYING, HARASSMENT OR INTIMIDATION REPORTING FORM

Directions: Bullying (including harassment, intimidation and hazing) is a serious negative behavior and will not be tolerated. This form is to be used to report such alleged incidents perpetrated by either an individual student or group of students that occurred on school property; at a school-sponsored activity or event off school property; on a school bus; on the way to and/or from school; or off school grounds if these actions are intended to and/or do adversely affect the safety and well-being of students while in school (including cyberbullying), 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, and wish to report an incident of alleged bullying, 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 involves actions or words against another person for the purpose of inflicting physical or emotional harm or discomfort or damage to a person's reputation to a level that is intimidating or threatening and affects the learning and school environments. If the bully is threatening to harm you or others, please tell a teacher or the principal immediately.***

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

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

Person Reporting Incident (Name): \_\_\_\_\_

Best time of day to contact: \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. Phone: \_\_\_\_\_

Email: \_\_\_\_\_

*(Please check one:)*

Student                       Parent/Guardian                       Other \_\_\_\_\_

1. Name of student victim: \_\_\_\_\_ Age and/or Grade: \_\_\_\_\_  
*(Please Print)*

2. Names(s) of alleged offender(s) if known	Age	School	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

*(Please Print)*

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

4. Where did the incident(s) happen? Describe the location.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Describe what happened during the incident(s). Please include any physical manifestations, verbal messages and non-verbal cues from the alleged offender.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Describe your relationship, if any, with the alleged offender. Have you had any interactions with one another in the past?

---

---

---

---

7. Did a physical injury result from this incident? *(Please check one of the following)*

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

8. Was the student victim absent from school as a result of the incident?       No       Yes

If yes, how many days was the student victim absent from school as a result of the incident? \_\_\_\_\_

9. Did the student victim seek psychological help as a result of this incident?

No       Yes, psychological services/counseling have been sought  
 Yes, but the psychological services/counseling have not yet been established

10. Had steps been taken prior to this report to resolve said incident?

No       Yes, please describe what steps were taken in the space provided:

---

---

---

---

11. Is there any additional information you would like to provide?

---

---

---

---

---

*(Attach a separate sheet if necessary)*

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

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

---

(For Office Use Only)

Received by: \_\_\_\_\_

*(School Personnel Name and Position)*

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