

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, and intimidation are serious and will not be tolerated. This is a form to report alleged bullying, harassment, or intimidation that occurred during the current school year 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*; on the internet, sent on or off school property; that substantially disrupted the orderly operation of the school. Bullying, harassment, and intimidation mean any 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, or performance, or with a student's physical or psychological well-being. The conduct must be (I) motivated by an actual or a perceived personal characteristic including race, national origin, marital status, sex, sexual orientation, gender identity, religion, ancestry, physical attributes, socioeconomic status, familial status, or physical or mental ability or disability; or (II) threatening or seriously intimidating. Electronic communication means a communication transmitted by means of an electronic device, including a telephone, cellular phone, computer, or pager. Conduct that is of a sexual nature is the most commonly reported form of sexual harassment. This term is generally thought to mean actions, language or visual materials which specifically refer to, portray or involve sexual activity or language. Conduct of a sexual nature may include overt sexual solicitations, inappropriate touching, sexual jokes and inquiries about a person's sex life. Sexual harassment is the broader term that encompasses conducts of a sexual nature such as unwelcomed sexual advances, requests for sexual favors, and other verbal or physical contact of a sexual nature. Sexual harassment also includes acts that are not overtly sexual but rather are directed at individuals based on their gender such as profanity or rude behavior that is gender-specific.

If you are a student, the parent/guardian of a student, a close adult relative of a student, 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.

PLEASE PRINT ALL INFORMATION

Today's date: _____ / _____ / _____ **School name and number:** _____
Month Day Year

PERSON REPORTING INCIDENT	Place an X in the appropriate box:
Name: _____	<input type="checkbox"/> Student
Telephone: _____	<input type="checkbox"/> Parent/Guardian of a student
Email: _____	<input type="checkbox"/> Close adult relative of a student
	<input type="checkbox"/> School staff
	<input type="checkbox"/> Bystander

1. Name of student victim(s)	Age	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Name of alleged witness(es) (if known)	Age	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Name of alleged offender(s) (if known)	Age	School	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

4. On what date(s) did the incident happen?

_____ / _____ / _____ _____ / _____ / _____ _____ / _____ / _____
Month Day Year Month Day Year Month Day Year

5. Place an X next to the statement(s) that best describes what happened. *(Choose all that apply.)*

- | | |
|--|--|
| <input type="checkbox"/> Any bullying, harassment, or intimidation that involves physical aggression | <input type="checkbox"/> Related to the student's perceived sexual orientation |
| <input type="checkbox"/> Getting another person to hit or harm the student | <input type="checkbox"/> Cyberbullying (e.g., social media including Facebook, Twitter, Vine, Instagram, etc.) |
| <input type="checkbox"/> Teasing, name-calling, making critical remarks, or threatening, in person or by other means | <input type="checkbox"/> Electronic communication (e.g. email, text, sexting, etc.) |
| <input type="checkbox"/> Demeaning and making the victim of jokes | _____ |
| <input type="checkbox"/> Making rude and/or threatening gestures | <input type="checkbox"/> Gang related |
| <input type="checkbox"/> Excluding or rejecting the student | <input type="checkbox"/> Gang recruitment |
| <input type="checkbox"/> Intimidating (bullying), extorting, or exploiting | <input type="checkbox"/> Human trafficking/Prostitution recruitment |
| <input type="checkbox"/> Spreading harmful rumors or gossip | <input type="checkbox"/> Racial harassment |
| <input type="checkbox"/> Related to the student's disability | <input type="checkbox"/> Sexual harassment |
| <input type="checkbox"/> Other (specify) _____ | <input type="checkbox"/> Sexual in nature |

6. Where did the incident happen? *(Choose all that apply.)*

- | | | |
|--|--|--|
| <input type="checkbox"/> On school property | <input type="checkbox"/> On a school bus | <input type="checkbox"/> Via Internet - sent on or off school property |
| <input type="checkbox"/> At a school-sponsored activity or event off school property | | <input type="checkbox"/> On the way to/from school* |

7. Describe the incident(s), including what the alleged offender(s) said or did. *(Attach a separate sheet if necessary.)*

8. Why did the bullying, harassment, or intimidation occur? *(Attach a separate sheet if necessary.)*

9. Did a physical injury result from this incident? *(Place an X next to one of the following.)*

- | | | |
|-----------------------------|--|--|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes, but it did not require medical attention | <input type="checkbox"/> Yes, and it did require medical attention |
|-----------------------------|--|--|

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

11. 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? _____

12. Did a psychological injury result from this incident? *(Place an X next to one of the following.)*

- | | | |
|-----------------------------|---|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes, but psychological services have not been sought | <input type="checkbox"/> Yes, and psychological services have been sought |
|-----------------------------|---|---|

13. Is there any additional information you would like to provide? *(Attach a separate sheet if necessary.)*

Signature: _____

Date: _____

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