HARASSMENT, DISCRIMINATION OR BULLYING REPORTING FORM
FOR USE BY STUDENTS, PARENTS, CERTIFIED AND NON-CERTIFIED
PERSONNEL AND OTHER COMPLAINANTS

Today's Date: __/__/___  School: _______________________________________
                    Month Day Year

PERSON REPORTING INCIDENT: Name _______________________________________
Telephone: Day ____________________________  E-mail: ____________________________
Evening ____________________________
Cell ____________________________
Place an X in the appropriate box: [ ] Student  [ ] Parent/Guardian  [ ] Close Adult Relative  [ ] Employee

1. Name of victim: ______________________________________________________ Age: ______
   (Please print)

2. Name(s) of alleged offender(s) (if known): (Please print)  Age  School/Dept. (if known)  Is he/she a student?  Employee?
   [ ] Y  [ ] N  [ ] Y  [ ] N  [ ] Y  [ ] N
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

3. On what date(s) did the incident happen?
   __/__/___  __/__/___  __/__/___
   Month Day Year  Month Day Year  Month Day Year

4. Where did the incident happen (choose all that apply)?
   [ ] On school property  [ ] At a school-sponsored activity or event off school property  [ ] In the workplace
   [ ] On a school bus  [ ] On the way to/from school/work*  [ ] Other (specify) __________________

5. Place an X next to the statement(s) that best describes what happened (choose all that apply):
   [ ] Hitting, kicking, shoving, spit, hair pulling, or throwing something
   [ ] Getting another person to hit or harm the individual
   [ ] 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 individual
   [ ] Intimidating (bullying), extorting, or exploiting
   [ ] Spreading harmful rumors or gossip
   [ ] Other (specify) __________________

* Will be collected unless specifically excluded by local board policy
HARASSMENT OR INTIMIDATION (BULLYING) REPORTING FORM
(continued)

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

_____________________________________________________

(Attach a separate sheet if necessary)

7. Why did the harassment or intimidation (bullying) 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 victim absent from school/work as a result of the incident?  ☐ Yes       ☐ No

If yes, how many days was the victim absent from school/work 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: ____________________________

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