



## HARASSMENT, INTIMIDATION AND BULLYING REPORTING FORM

**Directions:** Harassment, bullying and intimidation are serious and will not be tolerated. This is a form to report alleged harassment, intimidation and bullying. Complete this form and return it to the School Anti-Bullying Specialist or Principal at the student target’s school.

“Harassment, intimidation or bullying” means any gesture, any written, verbal or physical act, or any electronic communication, whether it be a single incident or a series of incidents, that is reasonably perceived as being motivated either by any actual or perceived characteristic, such as race, color, religion, ancestry, national origin, gender, sexual orientation, gender identity and expression, or a mental, physical or sensory disability, or by any other distinguishing characteristic, that takes place on school property, at any school-sponsored function, on a school bus, or off school grounds and substantially disrupts or interferes with the orderly operation of the school or rights of other students. “Electronic communication” means a communication transmitted by means of an electronic device, including a telephone, cellular phone, computer or pager.

1. **Name of Person Reporting Incident:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please Print*

2. **Telephone/Mobile:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Place an X in the appropriate box.**

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

3. **Name of Target:** \_\_\_\_\_ **Grade and Age:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Date of Incident:** \_\_\_\_\_

<input type="checkbox"/>	Isolated Incident	<input type="checkbox"/>	Ongoing Incident
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4. **Name of accused, if known.** \_\_\_\_\_ **Grade & Age** \_\_\_\_\_ **School** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

<input type="checkbox"/>	School Property	<b>Identify</b>	
<input type="checkbox"/>	School-Sponsored Function	<b>Identify Function</b>	
<input type="checkbox"/>	School Bus	<b>Identify</b>	
<input type="checkbox"/>	Off School Grounds	<b>Describe</b>	

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

<input type="checkbox"/>	Any harassment, intimidation that involves physical aggression
<input type="checkbox"/>	Getting another person to hit or harm the student
<input type="checkbox"/>	Teasing, name-calling, making critical remarks, or threatening, in person or by other means
<input type="checkbox"/>	Demeaning and making the student a target of jokes
<input type="checkbox"/>	Making rude and/or threatening gestures
<input type="checkbox"/>	Excluding or rejecting the student
<input type="checkbox"/>	Intimidating, extorting, or exploiting
<input type="checkbox"/>	Spreading harmful rumors or gossip
<input type="checkbox"/>	Electronic communication (specify)
<input type="checkbox"/>	Other:

**7. Check all or perceived characteristics that were or may have been motivational factors in the alleged bullying incident:**

<input type="checkbox"/>	Race	<input type="checkbox"/>	Color	<input type="checkbox"/>	Religion
<input type="checkbox"/>	Ancestry	<input type="checkbox"/>	National Origin	<input type="checkbox"/>	Gender
<input type="checkbox"/>	Sexual Orientation	<input type="checkbox"/>	Gender Identity and Expression	<input type="checkbox"/>	Mental or Physical or Sensory Disability
<input type="checkbox"/>	Other actual or perceived characteristic (specify):				

**8. Identify what harm you believe was or may have been caused by the alleged incident. Choose all that apply.**

<input type="checkbox"/>	Physical or emotional harm
<input type="checkbox"/>	Insulting or demeaning
<input type="checkbox"/>	Created a hostile educational environment
<input type="checkbox"/>	Interferes with student's education

**Is there any additional information you would like to provide?**

Please add any other pertinent information on reverse of form or on a separate sheet.

<input type="checkbox"/>	Yes (See below.)	<input type="checkbox"/>	No
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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Updated: 9/2015**