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, harassment, or intimidation and return it to the school administration office. Contact the school for additional information or assistance at any time.

Today’s Date: ___________________________ School: ___________________________

Name of Person Reporting Incident: ____________________________________________

Telephone: ___________________________ E-mail: ________________________________

Are you (Check one):  □ Student/ Victim □ Student Witness/Bystander □ School Staff Member
□ Parent/Guardian □ Close Adult Relative □ Other Adult

Name(s) of Student Victim(s): ________________________________________

Name(s) of Alleged Offender(s): _____________________________________________

Name(s) of Witness(es)/Bystander(s): _________________________________________

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

2. Where did the incident(s) happen? (Check all that apply):
□ Bus □ Cafeteria □ Classroom □ Hallway
□ Playground □ Restroom □ School Activity/Event □ To/From School
□ Other: __________________________________________________

3. What best describes what happened? (Check all that apply):
□ Cyber Bullying □ Hitting □ Inappropriate Touching □ Intimidation
□ Kicking □ Name Calling □ Profanity □ Pushing
□ Rude/Threatening Gestures □ Rumors/Gossip □ Social Exclusion/Rejection □ Teasing
□ Theft □ Threatening □ Other:

4. Was there an adult around at the time of the incident? □ Yes □ No

If so, who? ________________________________________________________________

Revised July 30, 2012
MWS
5. Explain what you saw and heard:

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6. Proposed Resolution:

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