Reporting person (optional): ________________________________

Targeted student: ________________________________ School: ________________________________

Your e-mail address (optional): ________________________________

Your phone number (optional): ________________________________ Today’s date: ________________________________

Name of school adult you’ve already contacted (if any): ________________________________

Name(s) of bullies (if known): ________________________________

On what date(s) did the incident(s) happen (if known): ________________________________

Where did the incident happen? Circle all that apply.

Classroom     Hallway     Restroom     Playground     Locker Room     Lunch Room     Sport Field     Parking Lot

School Bus     Internet     Cell Phone     During a School Activity     Off School Property     On Way To/From School

Other (please describe): ________________________________

Please check the box that best describes what the bully did. Please choose all that apply.

☐ Hitting, kicking, shoving, spitting, hair pulling, or throwing something at the student.
☐ Getting another person to hit or harm the student.
☐ Teasing, name calling, making critical remarks or threatening in person, by phone, by e-mail, etc.
☐ Putting the student down and making the student a target of jokes.
☐ Making rude and/or threatening gestures.
☐ Excluding or rejecting the student.
☐ Making the student fearful, demanding money or exploiting.
☐ Spreading harmful rumors or gossip.
☐ Cyber bullying (bullying by calling, texting, e-mailing, web posting, etc.)
☐ Other

If you selected other, please describe: ________________________________

Why do you think the harassment, intimidation or bullying occurred? ________________________________

Where there any witnesses? ☐ Yes ☐ No   If yes, please provide their names: ________________________________

Did a physical injury result from this incident? If yes, please describe: ________________________________

Was the target absent from school as a result of the incident? ☐ Yes ☐ No   If yes, please describe: ________________________________

Is there any additional information? ________________________________

---------------------------------------------------------------------------------------------------------------------------------------For Office Use---------------------------------------------------------------------------------------------------------------------------------------

Received by: ________________________________ Date Received: ________________________________

Action Taken: ________________________________

Parent/Guardian Contacted: ________________________________

Circle one: Resolved Unresolved Referred to: ________________________________

Attach any additional comments.

Distribution: Parent/Guardian/Student (white) Compliance Officer (green) Student File (canary) Building Administrator (pink)