

## *Bullying, Harassment or Intimidation Reporting Form*

Directions: Bullying, harassment, or intimidation are serious acts and will not be tolerated. This is a form to report alleged bullying, harassment, or intimidation that occurred on school property; at a school-sponsored activity or an event off school property; on a school bus; or on the way to and/or from school, in the current school year. If you 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.

Today's Date: \_\_\_\_\_ School: \_\_\_\_\_

### Person Reporting Incident (Please print)

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### Incident Report

Name of Student Victim: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name(s) of alleged offender(s) if known \_\_\_\_\_ School \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Where did the incident occur (choose all that apply)?

On school property  At school sponsored activity or event off school property

Other

### Place an X next to the statement(s) that best describes what happened.

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

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**What did the alleged offender(s) say or do? \_\_\_\_\_**

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**Do you have any information to share about why the bullying, harassment or intimidation occurred?**

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

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**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**