

BULLYING OR HARASSMENT REPORT FORM

This report MUST be completed to file a complaint relating to an incident of alleged bullying or harassment and turned into the school principal/designee of the victim’s school. While reports by an identified individual are preferred, anonymous reports may be made by students or parents/guardians. Staff members may not report anonymously, but may utilize this **Report Form** or a **Disciplinary Referral Form** for the purposes of reporting alleged incidents of bullying or harassment. If bullying is reported by a Discipline Referral, attach here.

Today’s date ____/____/____ School _____			
Person Reporting Incident Name _____			
Telephone _____ - _____ - _____ Email _____			
Place an ⊗ in the appropriate box:			
<input type="checkbox"/> Student <input type="checkbox"/> Student (witness/friend) <input type="checkbox"/> Parent/guardian <input type="checkbox"/> Close adult relative <input type="checkbox"/> School staff member <input type="checkbox"/> Other			
1. Name of student victim (s) _____		ID# _____	Age _____
2. Name of student victim (s) _____		ID# _____	Age _____
Name(s) of alleged perpetrator (s) if known	Age	School (if known)	Is he/she a student?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Where did the incident occur? Be specific (i.e., classroom, hallway, cafeteria, playground, bus).

- | | |
|---|---|
| <input type="checkbox"/> On school property | <input type="checkbox"/> Use of data or software accessed through School System’s computer or network |
| <input type="checkbox"/> At a school related function or activity | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> On a school vehicle | |
| <input type="checkbox"/> At an authorized bus stop | |

When did the incident occur? Date: _____ Time: _____ AM/PM

What happened? Describe in detail: _____

Were there any witnesses? Yes or No Provide name(s) and contact information.

List and attach any evidence of bullying or harassment. (i.e., letters, texts, photos, etc.)

Have you been bullied or harassed before by this person? Yes or No If so, how many times? _____
 Have you been bullied or harassed or witnessed bullying or harassment by this person before? Yes or No If so, how many times? _____
 Was a report filed for the previous time(s)? Yes or No When? _____

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature of Complainant/Witness _____	Title _____	Date _____	
For Office Use Only			
Investigator’s Printed Name _____	Signature _____	School/Dept. _____	Date _____
Date Investigation Initiated _____			
Forms to Utilize: <input type="checkbox"/> Bullying or Harassment Investigation Checklist <input type="checkbox"/> Bullying or Harassment Investigation and Summary Form			