Harassment Reporting Form

Harassment, in any form, is serious and will not be tolerated. This is a form to report harassment that occurred on school property, at a school-sponsored activity, or event off school property; on a school bus; or on the way to and/or from school, in the current school year.

PERSON REPORTING INCIDENT
Name: ______________________________________________________ Phone: ________________________________
Today’s Date: _________________________________________________ School: _____________

Please check the appropriate box:
€ [ ] Student
€ [ ] Student (Witness/Bystander)
€ [ ] Parent/Guardian or other close adult relative
€ [ ] School Staff
€ [ ] Other: __________________________________________________________

INCIDENT INFORMATION:
1. Name of student victim: ______________________________________________________ Age: ___________

2. What happened and who was involved?
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

3. Please check all that apply in best describing what happened:
€ [ ] Any bullying, harassment, or intimidation that involved physical aggression
€ [ ] Getting another person to hit or harm the student
€ [ ] Repeated teasing, name-calling, making critical remarks, or threatening, in person or by other means
€ [ ] Making jokes about the student
€ [ ] Making rude and/or threatening gestures
€ [ ] Excluding or rejecting the student
€ [ ] Intimidating the student
€ [ ] Spreading harmful rumors or gossip
€ [ ] Electronic communications (explain):
____________________________________________________________________________________________________

€ [ ] Suicide/Suicide Talk
€ [ ] Other: __________________________________________________________

4. When did this happen? Date and time if known. ________________________________

5. Where did the incident happen (choose all that apply):
€ [ ] On school property
€ [ ] On a school bus
€ [ ] At a school-sponsored activity or event off school property
€ [ ] On the way to/from school

6. Has it happened before? ________________________________

7. Have you told an adult about this problem? If so, who did you tell? ________________________________

Signature: ________________________________ Date: ____________________________

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