



Bullying, Harassment, Hazing, Retaliation Incident Reporting Form

confidential anonymous non-confidential

School: _____

Reporting person (optional): _____

Targeted student: _____

Your email address (optional): _____

Your phone number (optional): _____ Today's date: _____

Name of adult at school you've already contacted (if any): _____

Name(s) of alleged aggressor(s) if known (the bully): _____

On what dates did the incident(s) happen (if known): _____

Where did the incident(s) happen? Check all that apply.

- Classroom Hallway Restroom Playground Locker room Lunchroom
 Sport field Parking lot School bus Internet Cell phone During school activity
 Off school property On the 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, emailing, web posting, etc.)
 Other _____

If you selected other, please describe:

Why do you think the Bullying, harassment, hazing or retaliation occurred?

Were 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 targeted student absent from school as a result of the incident? Yes No If yes, please describe:

Is there any additional information?

Thank you for reporting!

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

Received by: _____

Date received: _____

Action taken: _____

Parent/guardian contacted: _____

Check one: Resolved Unresolved

Referred to: _____