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, testing, emailing, web posting, etc.)
☐ Other _____________________________________________________________________________

If you selected other, please describe:

__________________________________________________________________________________
__________________________________________________________________________________

3320 F2
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: _________________________________________