



## **Bullying, Harassment, Hazing, Retaliation Incident Reporting Form**

	$\Box$ Confidential	□ Anonym	ous □ Non-	☐ Non-confidential	
	School:				
Reporting person (option	nal):				
Targeted student:					
Your email address (opti	ional):				
Your phone number (op	optional): Today's date:				
Name(s) of adult at scho	ol you've already conta	acted (if any):			
Name(s) of alleged aggre	essor(s) if known (the b	ully):			
On what dates did the in		own):			
Where did the incident(	s) happen? Check all t				
☐ Classroom ☐ Hallway ☐ Sport field ☐ Parking ☐ Off school property ☐ Other (Please describe	lot	☐ Internet /from school	•	☐ During school activity	
Please check the box tha  ☐ Hitting, kicking, shovi ☐ Getting another perso ☐ Teasing, name calling ☐ Putting the student dog Making rude and /or ☐ Excluding or rejecting ☐ Making the student for Spreading harmful rude Cyber-bullying (bull) ☐ Other	ng, spitting, hair pulling on to hit or harm the st g, making critical rema own and making the st threatening gestures ag the student tearful, demanding mon	g or throwing some cudent arks or threatenic tudent a target of the property of the property mey or exploiting	ething at the student ng in person, by pl f jokes posting, etc.)		
If you selected other, ple	ase 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? $\Box$ Yes $\Box$ No If yes, please describe:
Is there any additional information?
Thank you for reporting!
Received by:
Date received:
Action taken:
Parent(s)/guardian(s) contacted:
Check one: □ Resolved □ Unresolved
Referred to: