

Anonymous
Harassment, Intimidation & Bullying Incident
Report Form

When did the incident occur?

Date of Incident: _____ Time: _____ a.m./p.m.

Students Involved:

Name: _____ Grade: _____

How was this person involved in the incident? (Check one)

- This person violated our "School Rules Against Bullying".
 This person was the subject of a harassing, bullying, or intimidating incident.
 This person was a witness to the incident.

Name: _____ Grade: _____

How was this person involved in the incident? (Check one)

- This person violated our "School Rules Against Bullying".
 This person was the subject of a harassing, bullying, or intimidating incident.
 This person was a witness to the incident.

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Indicate how you learned that a student may have been the victim of harassment, intimidation or bullying:

- Directly witnessed the incident
- Informed by alleged victim
- Informed by other witness or witnesses to the incident
- Informed by other person (Identify student, parent, staff person) _____

List below any person who you know or have reason to believe may have relevant information and indicate if student, parent, staff member or other.

Describe the incident. Include any gesture, any relevant written, verbal, or physical acts, or any electronic communication. (Attach additional sheets if necessary.)

Location of alleged harassment, intimidation or bullying incident. (Check all that apply.)

- School property. Cite area: _____
- School sponsored function. Cite function: _____
- School bus: Cite morning/afternoon & bus #: _____
- Off school grounds: Describe: _____

Type of Bullying Incident:

- | | |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Cyber-bullying | <input type="checkbox"/> Rumor Spreading |
| <input type="checkbox"/> Name-calling or mean teasing | <input type="checkbox"/> Social Isolation/exclusion |
| <input type="checkbox"/> Name-calling or mean comments about race/color. | <input type="checkbox"/> Taking another's property |
| <input type="checkbox"/> Name-calling or mean comments, or gestures with sexual meaning | <input type="checkbox"/> Threats/intimidation |
| <input type="checkbox"/> Physical Bullying | <input type="checkbox"/> Other: _____ |

Directions:

When this form is completed, please do the following:

1. Put this form in a sealed envelope and address to the principal.
2. Place your report in the principal's mailbox in the main office.

Date Received by the Building Principal: _____