



BULLYING/HARASSMENT INCIDENT FORM

Date Submitted: _____

I. Contact Information

Student: _____ Student I.D: _____

Parent/Guardian: _____ Phone #: _____

Address: _____ School: _____

Please select who is submitting this form : _____ Date of Alleged Bullying or Harassment: _____

☐ Parent/Guardian

☐ Student

☐ Other _____

II. Please check the type of Bullying or Harassment that has occurred (more than one may be checked)

Verbal

(Hurtful name-calling, teasing, gossiping, making threats, making rude noises, spreading hurtful rumors or use of racially denigrating remarks.) Hazing (Having to participate in an act of physical or emotional harm to be part of a group, or are the victim of Hazing)

Emotional/Psychological

(Rejection, Exclusion, Ignoring, Extorting, Manipulating Defaming, Friendships, Terrorizing, Intimidation, Humiliation, Alienating, or Isolating intended to cause emotional distress)

Sexual Harassment

(Leering, Sexual Jokes/Comments, Touching in a Sexual Way, Display of sexual objects or images, Sexual Rumors, etc.)

Physical

(Hitting, punching, pushing, shoving, poking, kicking, tripping, strangling, hair pulling, fighting, beating, biting, spitting, destroying personal belongings, or extortion) Non Verbal (Posturing, making gang signs, leering, staring, stalking, destroying property, using graffiti or graphic images, or exhibiting inappropriate and/or threatening gestures or actions.)

Cyber-bullying

(Using technology to harass, threaten, or target another person – Texting, IM's, Email, or Social Networking Sites such as: Facebook, Twitter, Snapchat, Kik, etc.)

III. Concern

Date of Alleged Bullying or Harassment: _____

Person(s) alleged to have committed the bullying or harassment:

Description of the incident: If possible, use specific dates, times, locations, names, etc. Use the backside of the form or additional sheets if necessary.

Names of Witnesses:

Have you reported this to anyone else: Yes ____ No ____ If so, who? _____

Signature of Reporting Person _____ Date _____

Note: Completion of this form will initiate an investigation of the alleged incident of bullying or harassment outlined in this form. All information will be confidential except for that which must be shared as part of the investigation. Submission of a good faith complaint or report of bullying or harassment will not affect the complainant or reporter's future employment, grades, learning, or working environment or work assignment. By signing above, you are verifying that your statements are true and exact to the best of your knowledge.

Received By: _____

Reviewed By:_____