



Harassment, Intimidation, or Bullying Incident Report Form

Reporting Person (optional): _____

Targeted Student: _____

Your email address (optional): _____

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

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

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

Where did the incident happen? *Check all that apply*

- Classroom Hallway Rest Room Playground
- Locker Room Cafeteria Sport Field Parking Lot
- School Bus On-line/Internet Cell Phone School Activity
- Off School Property On the way to school On the way home from school
- Other (please describe): _____

Please check the boxes that best describe what the victim experienced. Please choose all that apply.

- Blocked movement Gestures (please explain) Racial slur(s)
- Damage to my property Gossip Repeated behavior
- Derogatory comments Intimidation Sexual stories/jokes/pictures
- Disrespectful comments Name calling Sexual Orientation Slurs
- Electronic / Cyber bullying Offensive writing or Slurs, rumors, jokes
- Exclusion from activities graffiti Physical harm Spreading rumors
- Hazing (Clubs, team, class, etc.) Pranks Threats (friends, school)
- Gender slurs Put downs Touching / Grabbing
- Other (please describe below): _____

Why do you think this occurred?

Were there any witnesses, or people you think may have been witnesses? Yes No If yes, please provide their names

Did a physical injury result from this incident? Yes No If yes, please describe

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

Are there notes, pictures, texts, screen shots or other forms of evidence of the event(s) you are reporting?
 Yes No If yes, please describe below, and consider including copies, in a sealed envelope, attached to this report form.

If there is information you can add, please do so below.

Thank you for reporting!

Received by: Date Received: