Harassment-Intimidation-Bullying Incident Reporting Form

Today’s date: ______________________________

Name of reporting person (optional): ____________________________________________________________

Name of targeted student (student who was bullied/harassed/intimidated):
____________________________________________________________________________

Your email address (optional): ________________  Your phone number (optional): _______________

Name of school adult you’ve already contacted (if any): ________________________________

Name(s) of bullies (if known):
___________________________________________________________________________________________

On what dates did the incident(s) occur (if known):
___________________________________________________________________________________________

Where did the incident happen?  Circle all that apply.

- Classroom  - Hallway  - Restroom  - Playground  - Locker room  - Lunchroom
- Sports field  - Parking lot  - School bus  - Internet  - Cell phone  - Off school property
- During a school activity  - 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, texting, emailing, web posting, etc.)
☐  Other

If you select other, please describe: ___________________________________________________________________________
Why do you think the harassment, intimidation or bullying 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:  ___________________________________________________________________

Circle one:  Resolved  Unresolved

Referred to:  _______________________________________

Updated 7/20/15