Discrimination, Harassment, Intimidation, and Bullying Incident Reporting Form

Reporting person: ________________________________________________________________

Your email address: ______________________________________________________________

Your telephone number: ____________________________ Today's date: ______________________

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

Targeted student: __________________________________________________________________

Alleged aggressor (if known): ______________________________________________________

On what date(s) did the incident(s) happen:
_______________________________________________________________________________

Where did the incident happen? Please circle all that apply.

Classroom  Hallway  Restroom  Playground  Locker room  Lunchroom  Sport field
School bus  Internet  Cell phone  During a school activity
Off school property  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 or 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 the student

□ Spreading harmful rumors or gossip

□ Cyber bullying (bullying by calling, texting, emailing, web posting, etc.)

□ Other

If you select Other, please describe: __________________________________________________________________________________
Were there any witnesses? Yes □ No □ If yes, please provide their names:


Did a physical injury result from this incident? If yes, please describe.


Is there any additional information you wish to provide?


Thank you for reporting!


For Office Use

Received by: ____________________________________________

Date received: __________________________________________

Action taken: ____________________________________________

Parent/guardian contacted: __________________________________

Circle one:       Resolved       Unresolved

Referred to: ____________________________________________

*The administrator is to attach all investigative findings and discipline/responses. All materials are to be provided to the Director of Human Resources.