

Secondary Level

Harassment, Intimidation and Bullying Incident Reporting Form

Name of reporting person (optional): _____ School: _____ Date: _____

☐ **Anonymous**

Individuals may file a report without revealing their identity. No disciplinary action will be taken against an alleged aggressor based solely on an anonymous report. Possible responses to an anonymous report include enhanced monitoring of specific locations at certain times of day or increased monitoring of specific students or staff.

☐ **Confidential**

Individuals may ask that their identities be kept secret from the accused and other students. Like anonymous reports, no disciplinary action will be taken against an alleged aggressor based solely on a confidential report.

☐ **Non-confidential**

Complainants agreeing to make their complaint non-confidential will be informed that due process requirements may require that the district release all of the information that it has regarding the complaint to any individuals involved in the incident, but that even then, information will still be restricted to those with a need to know, both during and after the investigation. The district will, however, fully implement the anti-retaliation provision of this policy and procedure to protect complainants and witnesses.

Targeted person(s): _____

Your email address (optional): _____ Your phone number (optional): _____

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

Name(s) of bullies (if known) or other identifiers (like physical description or class individual may have):

On what dates and times did the incident(s) happen (if known)? _____

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

- | | | | | |
|--|--|--------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Hallway | <input type="checkbox"/> Restroom | <input type="checkbox"/> Playground | <input type="checkbox"/> Internet/Social media/Online chats |
| <input type="checkbox"/> Lunchroom | <input type="checkbox"/> School activity | <input type="checkbox"/> Parking lot | <input type="checkbox"/> School bus | <input type="checkbox"/> Cell phone/Call/Text |
| <input type="checkbox"/> On the way to/from school | <input type="checkbox"/> Off school property | <input type="checkbox"/> Locker room | <input type="checkbox"/> Sport field | <input type="checkbox"/> Other: _____ |

Please check the box that best describes what the bully did. Please choose all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Sharing inappropriate drawings/cartoons/photographs/images/notes. | <input type="checkbox"/> Making rude, threatening and/or critical gestures or remarks. |
| <input type="checkbox"/> Cyber bullying (bullying by calling, texting, emailing, web posting, etc.) | <input type="checkbox"/> Getting another person to hit or harm the individual. |
| <input type="checkbox"/> Spreading harmful rumors or gossip. | <input type="checkbox"/> Making the individual fearful, demanding money or exploiting. |
| <input type="checkbox"/> Hitting, kicking, shoving, spitting, hair pulling or throwing something at the individual. | <input type="checkbox"/> Putting the individual down and making the individual a target of jokes, teasing, or name calling. |
| <input type="checkbox"/> Sexual harassment: Making unwelcomed sexual advances, requests for sexual favors, sexually motivated physical contact or other verbal or physical conduct of a sexual nature. | <input type="checkbox"/> Discrimination: harassment motivated by race, color, religion, ancestry, national origin, cultural, gender, socio-economic status, sexual orientation including gender expression or identity, mental or physical disability or other distinguishing characteristics. |
| <input type="checkbox"/> Excluding or rejecting the individual | |

Other acts of bullying: _____

Describe what happened: _____

Were there any witnesses or people with knowledge of what happened? ☐ No ☐ Yes. If yes, please provide their names: _____

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

Was the target person absent from school as a result of the incident? ☐ No ☐ Yes. If yes, please describe: _____

What is your desired resolution or outcome? _____

For office use only

Date received: _____ Report received by: _____ Name of parent/guardian contacted: _____

Action taken: _____

Check one: ☐ Resolved ☐ Unresolved Referred to: _____

Student ID: _____ Complainant ID _____, Alleged Aggressor ID _____