



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 or Staff Member: _____

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 Parking lot 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**.