**Form A:** To be completed by individuals who wish to report an incident of bullying, including parents, students, teachers, and staff.

**Palo Alto Unified School District**  
**Incident Reporting Form**

Bullying is serious and will not be tolerated in the Palo Alto Unified School District. If you wish to report an incident of bullying, please contact the principal or school staff. You may also complete this form and return it to the school site so that the matter may be investigated.

Date of Report: ________________________________

<table>
<thead>
<tr>
<th>Name(s) of alleged targets(s) of bullying:</th>
<th>Age</th>
<th>Grade</th>
<th>School</th>
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<tr>
<th>Name(s) of alleged aggressor(s):</th>
<th>Age</th>
<th>Grade</th>
<th>School</th>
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<th>Name(s) of witness(es):</th>
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When did the incident(s) happen? (Include date and time.)

Where did the incident(s) occur?

Please check the box or boxes next to the statement(s) that best describes what happened (choose all that apply):

- Teasing
- Physical violence
- Intimidation
- Retaliation
- Hurtful, demeaning remarks or actions
- Public humiliation
- Extortion
- Aggression encouraged by others
- Maliciously excluding from group
- Cyberbullying
- Stalking
- Spreading rumors or falsehoods
- Defacing clothing or other property
- Threat
- Theft
- Other

Give a brief description of the incident(s) and/or your concerns. (Use reverse side if necessary)

Attach any documents related to this complaint

Did a physical injury result? Please check one of the following:

- No
- Yes, but it did not require medical attention
- Yes, and it required medical attention
- Unknown

Do you know of other incidents of bullying directed at this student?

- Yes
- No

Name of person reporting incident(s)? (You may report anonymously)

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<tr>
<th>Relationship to student:</th>
<th>Telephone:</th>
<th>Date:</th>
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**For Office Use Only**

Bullying Allegations:

- Substantiated
- Not Substantiated
- Referred to UCP

Administrator Receiving Report:

Date: ________________________________

Page 1 of 1 (Rev. 3.3.14)