

**BULLYING REPORTING FORM
FOR USE BY STUDENTS, PARENTS, SCHOOL EMPLOYEES
AND OTHER COMPLAINANTS**

Today's Date: ___/___/___
Month Day Year

School: _____

PERSON REPORTING INCIDENT: Name: _____

Telephone Day: _____

Evening: _____

Cell: _____

Email: _____

Place an X in the appropriate box: Student Parent/Guardian Close Adult Relative Employee

Other (explain) _____

1. Name of target: _____ Age: _____ Grade: _____
(Please print)

2. Names(s) of alleged offender(s) (if known): (Please print)	Is he/she a student in this district?	Grade/ Age	School
_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	_____
_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	_____
_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	_____

3. On what date(s) did the incident(s) happen?
 ___/___/___ ___/___/___ ___/___/___
 Month Day Year Month Day Year Month Day Year

4. Where did the incident(s) happen (choose all that apply)?

On school property At a school-sponsored activity or event off school property

On a school bus On the way to/from school/school bus stop

Off school grounds Via electronic communication

Other (specify) _____

5. Describe the nature of the complaint (be as specific as possible) and state how you became aware of the incident:

(Attach a separate sheet if necessary)

6. What do you believe was the reason for the conduct by the offender(s)? Do you believe it was based upon disability, race, national origin, religion, color, age, sex, sexual orientation, gender identity or expression, or marital status of the target? Explain.

(Attach a separate sheet if necessary)

7. Did a physical injury result from this incident(s)? No Yes

Nature of injury _____

8. Was the target absent from school as a result of the incident? No Yes

If yes, how many days was the target absent from school as a result of the incident? _____

Dates of absenteeism: _____

9. Did an emotional injury result from this incident(s):

No

Yes, but psychological services have not been sought

Yes, and psychological services have been sought

Dates/location where services were sought _____

10. Did any damage occur to the target's property? No Yes

Nature of damage _____

11. State name(s) of any witnesses to the incident(s):

Name/position/school (i.e. student, teacher,
parent, community member, etc.)

Contact information (if known)

Name/position/school (i.e. student, teacher, parent, community member, etc.)	Contact information (if known)
_____	_____
_____	_____
_____	_____

12. Are you aware of any similar types of activities by the alleged offender(s) or by others against the target? If so, please describe the activity and when it occurred? Was a report made of these activities? If so, to whom and when?

(Attach a separate sheet if necessary)

13. Is there any additional information you would like to provide?

(Attach a separate sheet if necessary, and attach any relevant documentation (i.e. medical documents, photos, posts, video, emails, text messages, former reports, etc.)

Name: _____

Signature: _____ Date: _____
(Complainant)

Name/Title: _____

Signature: _____ Date: _____
(Staff member receiving/ reviewing Complaint)

(If this complaint suggests that the alleged incident(s) was/were based upon the membership of the target in a protected class (such as race, sex, religion, disability or sexual orientation), this complaint shall be shared with the appropriate district civil rights coordinator for possible additional investigation)

(If applicable) Referred to (name of coordinator): _____
Date of referral: _____