

Gateway Regional Bullying/Harassment Incident Reporting Form

The Gateway Regional School District is committed to providing a safe environment to all members of our community. To report an incident of alleged bullying/harassment, complete this form and return it to the Principal/Designee. This form can be completed anonymously by omitting signature and name. Every reported act of bullying will be investigated. Parents/Guardians of aggressors and targets will be contacted in cases of confirmed bullying/harassment.

Date of Report: _____ Date of Incident: _____

Name of Student Target:	Grade	School
1) _____	_____	_____

Name(s) of Alleged Aggressor(s):	Grade	School
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

Name(s) of Witness(es):	Grade	School
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

Where Did the Incident Occur? (Check all that apply)

<input type="checkbox"/> On School Property	<input type="checkbox"/> To/From School	<input type="checkbox"/> School Sponsored Activity
<input type="checkbox"/> School Bus Stop	<input type="checkbox"/> Off School Property	<input type="checkbox"/> Text/Phone/Internet/Social Media
<input type="checkbox"/> Other: _____		

What Best Describes What Happened During the Incident? (Check all that apply)

<input type="checkbox"/> Taunting	<input type="checkbox"/> Stalking	<input type="checkbox"/> Humiliation	<input type="checkbox"/> Physical Contact
<input type="checkbox"/> Threat	<input type="checkbox"/> Theft	<input type="checkbox"/> Exclusion	<input type="checkbox"/> Cyber-bullying
<input type="checkbox"/> Intimidation			
<input type="checkbox"/> Retaliation			
<input type="checkbox"/> Other: _____			

Did Physical Injury Result from the Incident? (Check one)

<input type="checkbox"/> No physical injury resulted from incident	<input type="checkbox"/> Yes, medical attention required (if yes, respond below)
<input type="checkbox"/> Yes, medical attention NOT required	<input type="checkbox"/> Medical documentation attached <input type="checkbox"/> Superintendent notified

Student Absent from School as a Result of the Incident?

<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, how many days absent? _____
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Describe the incident (use back of this sheet for additional space):

Person Reporting Incident: Student Staff Parent/Guardian Other: _____

(Leave Information Below Blank if Reporting Anonymously)

Name: _____	Phone: _____	Email: _____
Signature: _____	Date: _____	

FOR ADMINISTRATIVE USE ONLY

Form Submitted to: _____	Position: _____	Date: _____	Initial: _____
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This form is to be confidentially maintained in accordance with the Family Educational Rights and Privacy Act, 20 U.S.C. §1232g