

MATHEWS LOCAL SCHOOLS HARASSMENT REPORT FORM

1. **Name of Person Filing the Report** _____
(Note: Reports may be made anonymously, but no disciplinary action will be taken against an alleged aggressor solely on the basis of an anonymous report).
2. **Check whether you are the:** **Target of the behavior** **Reporter (not the target)**
3. **Check whether you are a:** **Student** **Staff member (specify role)** _____
 Parent **Administrator** **Other**
4. **If student, state your school** _____
5. **If staff member, state your school or work site** _____
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6. **Information about the incident:**
Name of Target (of behavior): _____
Name of Aggressor (engaged in behavior) _____
Date(s) of Incident(s) _____
Time of Incident(s) Occurrence _____
Location of Incident(s) (be very specific) _____
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7. **Type of Incident:** (Check all that apply)
- | | | | |
|---|-----------------------------------|---|---|
| <input type="checkbox"/> Name calling | <input type="checkbox"/> Hitting | <input type="checkbox"/> Harmful Rumors | <input type="checkbox"/> Offensive Text |
| <input type="checkbox"/> Demeaning Comments | <input type="checkbox"/> Kicking | <input type="checkbox"/> Offensive Graffiti | <input type="checkbox"/> Offensive Email |
| <input type="checkbox"/> Threatening | <input type="checkbox"/> Punching | <input type="checkbox"/> Intimidation/Extortion | <input type="checkbox"/> Offensive Images |
| <input type="checkbox"/> Mocking | <input type="checkbox"/> Pushing | <input type="checkbox"/> Exclusion | <input type="checkbox"/> Facebook/Myspace |
| <input type="checkbox"/> Taunting | <input type="checkbox"/> Pinching | <input type="checkbox"/> Staring/Leering | |
| <input type="checkbox"/> Teasing | <input type="checkbox"/> Other | <input type="checkbox"/> Inappropriate Gestures | |
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8. **Witnesses** (list people who saw the incident and/or have information about it)
- Name:** _____ student staff other _____
- Name:** _____ student staff other _____
- Name:** _____ student staff other _____
- Name:** _____ student staff other _____

