



Suspected Bullying/Harassment Incident Form

(This form is used for the purposes of reporting suspected bullying and/or harassment incidents)

“Establishing lasting peace is the work of education.” – Maria Montessori

Bullying: CMP relies on the following criteria for *bullying*:

- The behavior is targeted
- The behavior has happened more than once to the targeted student and/or group of students
- There is an imbalance of power between the target and the suspected bully
- A bully is a person who is habitually cruel or overbearing, especially to a smaller or perceived weaker person

Harassment: Forms of *harassment* include, but are not limited to:

- Name calling
- Throwing items at another person
- Taking someone else’s possessions (i.e. backpacks, shoes, binder) and “hiding” or removing them from view
- Starting or facilitating rumors about individuals
- Physical intimidation
- Making slurs or remarks intended to be insulting or derogatory

Ways to Report:

- Verbally to any school employee
- In writing or through electronic communication to any school employee
- Filling out the Suspected Bully Incident Form and turning it in to campus administration

Name of Reporter/Person Filing the Report _____ Date _____

Check whether you are:

- Target of the behavior
- First Hand Witness to the behavior
- Second Hand Reporter ("Up-stander")

Who did you hear the report from? _____

(Note: reports may be anonymous)

Check whether you are:

- Student
- Parent
- Administrator
- Staff Member (specify role) _____
- Other (specify) _____

Check whether you are Reporting:

- Harassment
- Bullying

Your contact information _____

(Form continued on reverse side)

Please note, in order to best serve our student community, prompt reporting is encouraged.

INFORMATION ABOUT THE INCIDENT:

Name of Target (of behavior): _____

Name of Perceived Bully: _____

Date(s) of Incident(s): _____

Time When Incident(s) Occurred: _____

Location of Incident(s): _____

Witnesses including staff members, students or others:

Describe the details of the incident (including names of people involved, what occurred, and what each person did and said, including specific words used).

Please list prior incidents indicating a pattern of bullying.

Signature of Person Filing this Report: _____ Date: _____

(Note: reports may be filed anonymously)

❖ The school will respond to all inappropriate student behavior regardless of the determination and outcome of the suspected bully report.

FOR ADMINISTRATIVE USE ONLY

Form Given to _____ Position _____ Date _____

Check whether Bullying and Investigation Form was used:

- Yes
- No

Signature: _____