

1. Alleged Targeted Student(s)

Name:	Age:	Days absent as a result of the incident: (if known)

2. Alleged Offender(s) (if known)

Name	School: (if known)	Age: (if known)	Student: (Y/N)	Days absent as a result of the incident: (if known)

3. Alleged Witness(es) (if known)

Name	School: (if known)	Age: (if known)	Student: (Y/N)

4. On what date(s) did the incident(s) happen?

_____ / _____ / _____
 _____ / _____ / _____
 _____ / _____ / _____
 Month Day Year
 Month Day Year
 Month Day Year

5. Place an X next to the statement(s) that best describes what happened (choose all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Actions/comments related to the student's race/ethnicity | <input type="checkbox"/> Demeaning behavior just to be mean |
| <input type="checkbox"/> Actions/comments related to the student's national origin. | <input type="checkbox"/> An act or threat of retaliation |
| <input type="checkbox"/> Actions/comments related to the student's religion | <input type="checkbox"/> Gang related/gang recruitment |
| <input type="checkbox"/> Actions/comments related to the student's sex | <input type="checkbox"/> Human trafficking/prostitution recruitment |
| <input type="checkbox"/> Actions/comments related to the student's Immigration status | <input type="checkbox"/> Any bullying, harassment, or intimidation that involves physical aggression |
| <input type="checkbox"/> Actions/comments related to the student's family/parental or marital status | <input type="checkbox"/> Cyberbullying (social media, text messages, etc.) |
| <input type="checkbox"/> Actions/comments related to the student's socio-economic status | <input type="checkbox"/> Teasing, name-calling, making critical remarks |
| <input type="checkbox"/> Actions/comments related to the student's academic performance | <input type="checkbox"/> Demeaning or making the student the target of jokes |
| | <input type="checkbox"/> Making rude and/or threatening gestures |

- Actions/comments related to the student's perceived sexual orientation
- Actions/comments related to the student's gender expression
- Actions/comments related to the student's gender identity
- Actions/comments related to the student's disability
- Actions/comments related to the student's physical appearance
- Demeaning behavior to impress others
- Excluding or rejecting the student
- Intimidating, extorting, exploiting the student
- Getting another person to target or demean the student
- Spreading hurtful rumors or gossip
- Racial/ethnic harassment
- Sexual harassment
- Other: (Please Specify) _____

6. Where did the incident happen? (Place an X next to the statement(s); choose all that apply)

- On school property (please specify location) _____
- On the way to/from school*
- On a school bus
- Off school property or at a school-sponsored activity or event
- Digital device on school property Digital device off school property During virtual learning
- Other (please specify): _____

*Will be collected unless specifically excluded by local board policy

7. Describe the incident(s), including what the alleged offender(s) said or did.

8. Why do you think the bullying, cyberbullying, harassment, and/or intimidation occurred?

9. Did a physical injury result from this incident? Place an X next to one of the following:

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

10. If there was a physical injury, do you think there will be permanent effects? Yes No

11. Was the student victim absent from school as a result of the incident? Yes No

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

12. Did a psychological injury result from this incident? Place an X next to one of the following:

- No Yes, but psychological services have not been sought Yes, and psychological services have been sought

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

Signature: _____ **Date:** _____