



## BULLYING/HARRASSMENT INCIDENT REPORT

Oklahoma School Security Act (70 O.S. § 24-100.3) requires each district to "...adopt a policy for the control and discipline of all children attending public school in that district, and for the investigation of reported incidents of harassment, intimidation, bullying, or threatening behavior." This report form will assist districts in collecting reported incidents of such behavior.

### REPORTING PERSON INFORMATION (OPTIONAL):

Name:

Relationship:

Phone #:

Email:

### INCIDENT DETAILS: Please provide as much information as possible.

Date:

Time:

Room or Location:

Student Affected:

Grade:

Class:

Student Initiating Harassment/Bullying:

Grade:

Class:

Witness:

Witness:

### Type of Alleged Harassment

Racial  Sexual  Religious  Other  \_\_\_\_\_

Is this a repeated offense? Yes  No, this is a one-time incident

If you checked any item and you are not receiving assistance from your district, contact the US Department of Education's Office of Civil Rights to file a complaint.

Check all the spaces below that apply. Inappropriate behaviors include:

Gesture, written, or verbal expression	Verbal Fight <input type="checkbox"/> Written or Verbal Threat <input type="checkbox"/> Written Note <input type="checkbox"/> Written or Verbal Rumors <input type="checkbox"/>	Seclusion <input type="checkbox"/> Embarrassing the student <input type="checkbox"/> Other <input type="checkbox"/> _____
Physical Act	Physical Fight <input type="checkbox"/> Other <input type="checkbox"/> _____	Physical Injuries <input type="checkbox"/>
Electronic Communication Please identify component used:	Cell Phone <input type="checkbox"/> Audio/Visual Image <input type="checkbox"/> Instant Message <input type="checkbox"/> Email <input type="checkbox"/>	Gaming <input type="checkbox"/> Social Networking <input type="checkbox"/> Blog <input type="checkbox"/> Other <input type="checkbox"/> _____
Damage to Student's Property	Property Damage <input type="checkbox"/> Other <input type="checkbox"/> _____	Stolen or Missing Property <input type="checkbox"/>

Reasonable Fear of Harm to Person or Property	Fear of Harm to Person <input type="checkbox"/> Other <input type="checkbox"/> _____	Fear of Harm to Property <input type="checkbox"/>
Disrupt or interfere with school's educational mission or the education of the student	Changes in attendance: absences, tardies, <input type="checkbox"/> Missing class/parts of school day <input type="checkbox"/> Changes in grades <input type="checkbox"/> Changes in participation of school activities <input type="checkbox"/>	Avoidance of elements: lunch, bus, recess <input type="checkbox"/> Other <input type="checkbox"/> _____
Additional Details of Incident:		
Physical Evidence: Graffiti <input type="checkbox"/> Notes <input type="checkbox"/> Email <input type="checkbox"/> Websites <input type="checkbox"/> _____ Video/Audiotape <input type="checkbox"/> Other <input type="checkbox"/> _____		
Was the affected student absent from school as a result of the incident?    Yes <input type="checkbox"/> No <input type="checkbox"/>		
What was the reason?		
How many days?		
Has a complaint relevant to this incident been filed before?		
Where: _____      When: _____      With Whom: _____		
<b>I AGREE THAT ALL THE INFORMATION IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE.</b>		
Signature (optional):	Date:	