



Harassment, Intimidation & Bullying Incident Reporting Form

Today's Date: _____

Reporting Person: (Optional) _____

Building Involved:

- | | |
|--|--|
| <input type="checkbox"/> Tiger Cub Preschool | <input type="checkbox"/> Columbia Ridge Elementary |
| <input type="checkbox"/> Grant Elementary | <input type="checkbox"/> Parkway Intermediate |
| <input type="checkbox"/> Ephrata Middle School | <input type="checkbox"/> Ephrata High School |

Grade Level: _____

Date Incident(s) Occurred _____

Targeted Student: _____

Your Email: (Optional) _____

School Adults You've Told: _____

Names of Aggressors (if known) _____

Where did the Incident Happen? Check all that Apply:

- | | | |
|--|--|--|
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Hallway | <input type="checkbox"/> Restroom |
| <input type="checkbox"/> Playground | <input type="checkbox"/> Locker Room | <input type="checkbox"/> Lunchroom / Cafeteria |
| <input type="checkbox"/> Sports Field | <input type="checkbox"/> Gymnasium | <input type="checkbox"/> Parking Lot |
| <input type="checkbox"/> School Bus | <input type="checkbox"/> Online / Internet | <input type="checkbox"/> Cell Phone |
| <input type="checkbox"/> School Activity | <input type="checkbox"/> Off School Property | <input type="checkbox"/> On way to / from School |
| <input type="checkbox"/> Other: _____ | | |

What Action Did the Bully Take? Check all that Apply:

- | | | |
|--|---|--|
| <input type="checkbox"/> Blocked Movement | <input type="checkbox"/> Gestures (Explain) | <input type="checkbox"/> Racial Slurs |
| <input type="checkbox"/> Damaged My Property | <input type="checkbox"/> Gossip | <input type="checkbox"/> Repeated Behavior |
| <input type="checkbox"/> Derogatory Comments | <input type="checkbox"/> Intimidation Directed at Me | <input type="checkbox"/> Sexual Stories / Jokes / Pictures |
| <input type="checkbox"/> Disrespectful Comments | <input type="checkbox"/> Name Calling | <input type="checkbox"/> Sexual Orientation Slurs |
| <input type="checkbox"/> Electronic / Cyberbully | <input type="checkbox"/> Offensive Writing / Graffiti | <input type="checkbox"/> Slurs, Jokes |
| <input type="checkbox"/> Excluding Me | <input type="checkbox"/> Physical Harm / Threat of Harm | <input type="checkbox"/> Spreading Rumors |
| <input type="checkbox"/> Hazing | <input type="checkbox"/> Pranks | <input type="checkbox"/> Threats (to me, friends, school) |
| <input type="checkbox"/> Gender Slurs | <input type="checkbox"/> Put Downs | <input type="checkbox"/> Touching / Grabbing |

Other: (Please Describe)

Why do you think this occurred?

Were there any witnesses? Circle One: **Yes** **No** If yes, please provide their names:

Did a physical injury result from this incident? If yes, please describe.

Was the targeted student absent from school as a result of the incident? Circle One **Yes** **No**
If Yes, please describe:

Are there any notes, pictures, texts, screenshots or other evidence of the events(s)?

Is there any additional information you can add?

THANK YOU FOR REPORTING

For Office Use Only:

Received By:	_____
Date Received:	_____
Action Taken:	_____
Referred to:	_____
Resolved? Circle One:	YES NO
Parent / Guardian Called:	_____