



**CLARK-SHAWNEE ADMINISTRATIVE
OFFICE
3680 SELMA ROAD
SPRINGFIELD, OHIO 45502
(937) 717-2401**



**BRIAN KUHN
SUPERINTENDE**

**BRIAN MASSER
ASSIST.
SUPERINTENDEN**

**TOM FAULKNER
TREASURER**

Harassment, Intimidation, and Bullying Reporting Form

Your Information

First Name: _____ Last Name: _____

Email: _____

Phone Number: _____

Incident Information

When did this incident happen?

Where did this incident happen? (check all that apply)

<input type="checkbox"/> Shawnee Elementary School <input type="checkbox"/> Shawnee Middle/High School <input type="checkbox"/> Bus <input type="checkbox"/> Hallway <input type="checkbox"/> Classroom <input type="checkbox"/> Locker Room	<input type="checkbox"/> Gym <input type="checkbox"/> Cafeteria <input type="checkbox"/> Extracurricular Activity <input type="checkbox"/> Bathroom <input type="checkbox"/> At Lockers <input type="checkbox"/> Playground <input type="checkbox"/> Other
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Please enter more information about the location of the incident

What was your role in the incident?

<ul style="list-style-type: none"><input type="checkbox"/> Student<input type="checkbox"/> Teacher<input type="checkbox"/> Staff Member<input type="checkbox"/> Administrator<input type="checkbox"/> Parent<input type="checkbox"/> Volunteer<input type="checkbox"/> Bystander<input type="checkbox"/> Other	Please enter any other information about how you were involved or how you know of this incident.
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Describe the harassment, intimidation, or bullying you are reporting in as much detail as possible.

Cause of harassment, intimidation, or bullying: (check all that apply)

<ul style="list-style-type: none"><input type="checkbox"/> Unknown<input type="checkbox"/> Age<input type="checkbox"/> Color<input type="checkbox"/> Race<input type="checkbox"/> Creed<input type="checkbox"/> National Origin<input type="checkbox"/> Ancestry	<ul style="list-style-type: none"><input type="checkbox"/> Marital Status<input type="checkbox"/> Sex<input type="checkbox"/> Religion<input type="checkbox"/> Gender Identity<input type="checkbox"/> Physical Attributes<input type="checkbox"/> Physical/Mental Abilities	<ul style="list-style-type: none"><input type="checkbox"/> Political Belief<input type="checkbox"/> Political Party Preference<input type="checkbox"/> Socioeconomic Status<input type="checkbox"/> Sexual Orientation<input type="checkbox"/> Family Status<input type="checkbox"/> Other
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Method of harassment, intimidation, or bullying: (check all that apply)

<input type="checkbox"/> Electronic Communication <input type="checkbox"/> Written Communication <input type="checkbox"/> Verbal	<input type="checkbox"/> Physical <input type="checkbox"/> Social/Relational <input type="checkbox"/> Other
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Who was the person being harassed, intimidated, or bullied?
(please share the name(s) of all victims if you have them)

What is age and/or grade of the victim(s)?

Who was harassing, intimidating, or bullying?
(please share the name(s) of the offender(s) if you have them)

What is the age and/or grade of the offender(s)?

The offender is:

- Student from the same district
- Student from a different district
- Certified staff
- Volunteer
- Other: _____

Please list the names of any witnesses to the incident:

By submitting this form you acknowledge that the information entered is complete, true, and accurate. Please note that whoever engages in any conduct with intent to convey false or misleading information under circumstances where such information may reasonably be relied upon and where such information indicates that an activity has taken, is taking, or will take place would constitute a violation of law and the submitter of such information may be prosecuted.

Signature: _____

Date: _____