

Elementary Level Harassment, Intimidation and Bullying Incident Reporting Form



Name of reporting person (optional): _____ I don't want to share my name Today's date: _____

My school: _____ Your email address (optional): _____ Your phone number (optional): _____

Name of the student who was bullied, harassed or intimidated: _____

If you told an adult at your school what happened, please give us the name of that person: _____

If you know the bullies, please tell us the name(s) or their physical description (hair color, eye color, how tall, boy or girl, grade, or what teacher do they have): _____

If you know on what dates and times the incident(s) happened, please tell us: _____

Please check the boxes that relate to the incident:

| Where did the incident happen? | What happened during the incident? | Was anybody physically hurt? |
|---|--|---|
| <input type="checkbox"/> Classroom <input type="checkbox"/> School bus <input type="checkbox"/> Hallway <input type="checkbox"/> School activity <input type="checkbox"/> Restroom <input type="checkbox"/> On the way to/from school <input type="checkbox"/> Playground <input type="checkbox"/> Off school property <input type="checkbox"/> Locker room <input type="checkbox"/> Internet/Social media <input type="checkbox"/> Lunchroom <input type="checkbox"/> Cell phone <input type="checkbox"/> Sport field <input type="checkbox"/> Other: _____ <input type="checkbox"/> Parking lot _____ | <input type="checkbox"/> Taunting, cruelty <input type="checkbox"/> Threats using gestures or remarks <input type="checkbox"/> Teasing, name calling <input type="checkbox"/> Share inappropriate images/notes <input type="checkbox"/> Intimidation, humiliation <input type="checkbox"/> Harmful physical contact <input type="checkbox"/> Retaliation <input type="checkbox"/> Sexual comments or contact <input type="checkbox"/> Harmful rumors or gossip <input type="checkbox"/> Use others to harm a student <input type="checkbox"/> Exclusion, rejection <input type="checkbox"/> Demanding money from a student <input type="checkbox"/> Cyber bullying <input type="checkbox"/> Take advantage of a student <input type="checkbox"/> Other: _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes, medical attention NOT required <input type="checkbox"/> Yes, medical attention required Please explain: _____ _____ _____ _____ |
| Was the student absent from school because of what happened? | | |
| | | <input type="checkbox"/> No <input type="checkbox"/> Yes. Number of days the student was absent: _____ |

Describe what happened: _____

Were there any witnesses? No Yes. If yes, please give us their names: _____

What is your desired resolution or outcome? _____

For office use only

Date received: _____ Report received by: _____ Name of parent/guardian contacted: _____

Action taken: _____

Check one: Resolved Unresolved Referred to: _____

Student ID: Complainant ID _____, Alleged Aggressor ID _____