

**Oroville Union High School District  
Harassment, Intimidation & Bullying Incident Report Form**

Instructions: Harassment, intimidation and bullying are serious offenses and will not be tolerated. If you have been a witness to or suspect a bullying offense, please complete the form below and return it to the principal's office. This form may be completed anonymously, but no disciplinary action will be taken based solely on the basis of an anonymous report or phone call.

Your Name: \_\_\_\_\_ Name of Victim: \_\_\_\_\_ Incident Date: \_\_\_\_\_

Name of Alleged Offender(s), if known:  
\_\_\_\_\_

Name of Witnesses/Bystanders, if known:  
\_\_\_\_\_

Please describe what happened in your own words, including what the alleged offender(s) said or did (attach a separate sheet if necessary): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check the statement below that best describes what happened (check all that apply.)

- |                                                                     |                                                       |                                             |
|---------------------------------------------------------------------|-------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Teasing/Name Calling/Critical Remarks      | <input type="checkbox"/> Stalking/Ongoing Harassment  | <input type="checkbox"/> Public Humiliation |
| <input type="checkbox"/> Spreading Lies/Rumors                      | <input type="checkbox"/> Social Exclusion/Rejection   | <input type="checkbox"/> Cyber Bullying     |
| <input type="checkbox"/> Threats/Intimidation                       | <input type="checkbox"/> Rude or Threatening Gestures | <input type="checkbox"/> Racial Comments    |
| <input type="checkbox"/> Physical Violence (hitting, kicking, etc.) | <input type="checkbox"/> Theft/Damaged Possessions    | <input type="checkbox"/> Sexual Comments    |
| <input type="checkbox"/> Getting another person to harm the victim  | <input type="checkbox"/> Other (describe): _____      |                                             |

Where did this incident occur? (Check all that apply)

- |                                         |                                             |                                                  |                                          |
|-----------------------------------------|---------------------------------------------|--------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Classroom      | <input type="checkbox"/> Parking Lot        | <input type="checkbox"/> School Activity/Club    | <input type="checkbox"/> Locker Room     |
| <input type="checkbox"/> Cafeteria      | <input type="checkbox"/> Hallway            | <input type="checkbox"/> Off School Property     | <input type="checkbox"/> Sport Field     |
| <input type="checkbox"/> Bus Stop       | <input type="checkbox"/> Restroom           | <input type="checkbox"/> Internet/Social Media   | <input type="checkbox"/> Cell Phone/Text |
| <input type="checkbox"/> School Grounds | <input type="checkbox"/> Way to/from School | <input type="checkbox"/> Other – Describe: _____ |                                          |

- |                                                                                             |                              |                             |
|---------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| Do you wish to remain anonymous?                                                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is this an ongoing issue?                                                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Was a teacher or adult present at the time of the incident?                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Did the victim report this incident to anyone?                                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Did physical injury result from this incident?                                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Was the victim absent from school because of the incident?                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you witnessed this person bullying/harassing you, the victim or other students before? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Was a report filed the previous times against this person for the same behavior?            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Please attach any evidence of possible bullying or harassment (i.e. texts, notes, photos, etc.)**

I certify that the information provided above is accurate and true to the best of my knowledge.

Name (print): \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_