



**REPORTING AN INCIDENT THAT MAY BE CONSIDERED
BULLYING, HARASSMENT or DISCRIMINATION**

PLEASE NOTE:

All reports must be sent directly to building administration (Principal and/or Assistant Principal) in order to be investigated.

REPORTER INFORMATION

Last Name

First Name

ANONYMOUS

Reports may be made anonymously, but no disciplinary action will be taken against an alleged aggressor solely on the basis of an anonymous report.

I am the:

- Target/Victim of the behavior
- Witness (and not the target)
- Other: _____

My Role is:

- Student
- Staff Member
- Administrator
- Parent / Caretaker Family Member
- Other _____

My Best Contact Information is:

(_____) _____ - _____

Phone Number

Email Address

If student, state your school: _____

If staff member, state your school or
worksite: _____

INFORMATION ABOUT THE ALLEGED INCIDENT/BEHAVIOR

Date(s) of the Incident(s) or Behaviors:

_____ / _____ / _____ through _____ / _____ / _____ or PRESENT

Month / Day / Year

Month / Day / Year

If specific date information is not known, please describe time frame (e.g. before around Halloween - Thanksgiving Break, etc.):

Time(s) of the Incident(s)/ Behaviors:

If specific time(s) is not known, please describe time frame (e.g. before school, after school, lunch, etc.):

Location(s) of the Incident(s) or Behaviors:

Target(s)/Victim(s): *Who was the student that may have been impacted, harmed or injured?*

Last Name	First Name	Grade/School

Alleged Aggressor(s)/Perpetrator(s): *An aggressor is a student or member of a school staff who acts or behaves in a manner that may violate the Student Handbook, Employee Handbook, School or District policies or procedures, and/or local, state or federal mandates, regulations or law.*

Last Name	First Name	Student	Staff	School

Witness(es)/Bystander(s): List people who saw the incident(s) and/or people you believe may have helpful information about what is reported to have happened.

Last Name	First Name	Student	Staff	Other

Describe the Incident(s)/Behavior

Describe the details of the incident(s), behavior(s) and/ or action(s) in detail:

SIGNATURE OF PERSON FILING THIS REPORT

You are certifying under the penalty of perjury that the information provided herein is true and complete to the best of your knowledge. NOTE: Reports may be made anonymously, but no disciplinary action will be taken against an alleged aggressor solely on the basis of an anonymous report.

Print Name

Signature

Date

FOR OFFICE USE ONLY

RECEIVED BY (Initials): _____ **DATE:** _____

NOTIFICATION OF RECEIPT OF REPORT (as applicable):

Parent/Guardian of Target(s)/Victim(s): NMRSD STAFF (Initials): _____ DATE: _____

Parent/Guardian of Target(s)/Victim(s): NMRSD STAFF (Initials): _____ DATE: _____

Parent/Guardian of Aggressor(s)/Perpetrator(s): NMRSD STAFF (Initials): _____ DATE: _____

Parent/Guardian of Aggressor(s)/Perpetrator(s): NMRSD STAFF (Initials): _____ DATE: _____

Local Law Enforcement: NMRSD STAFF (Initials): _____ DATE: _____

CONCLUSIONS FROM THE INVESTIGATION:

Finding or Bullying or Retaliation:

_____ Yes _____ No

ACTION TAKEN:

_____ Warning _____ In-School Counseling _____ Safety/Behavior Plan

_____ Detention _____ Community Service _____ Suspension

FOLLOW-UP:

Target(s)/Victim(s) Date: _____ Initial & Date Upon Completion: _____

Aggressor(s)/Perpetrator(s) Date: _____ Initial & Date Upon Completion: _____

Signature & Title: _____ Date: _____