



Lisbon Exempted Village Schools

Harassment/Bullying Incident Formal Report

VICTIM NAME:

DATE: / /

ALLEGED VICTIM INFORMATION

Name:		Grade:	
Parent/Guardian:			
Phone:			
Home address:			
City:		State:	
		Zip:	

REPORTING PARTY INFORMATION

Reporting Party (circle one):	Victim Parent/Guardian Staff Friend/Student Anonymous
Reporting Party Name:	
Reporting Party Phone:	

ALLEGED OFFENDER INFORMATION

*If there are two isolated incidents involving different groups of people, please fill out a separate Report Form for each incident

Offender 1 Name:		Grade:	
Offender 2 Name:		Grade:	
Offender 3 Name:		Grade:	
Offender 4 Name:		Grade:	

STATEMENT OF UNDERSTANDING

I acknowledge that I am submitting this report with the understanding that bullying and/or harassment is defined by the Ohio Revised Code as "Any intentional written, verbal, electronic, or physical act that a student has exhibited toward another particular student more than once and the behavior both: causes mental or physical harm to the other student, and is sufficiently severe, persistent, or pervasive that it creates an intimidating, threatening, or abusive educational environment for the other student." (ORC3313.666) and that false reports will result in disciplinary action pursuant to the Student Code of Conduct that may include, but not be limited to: detention, suspension, and/or expulsion depending on the circumstances.

Signature of Reporting Party _____ Date: _____

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Identification of Harassment Type

Use the categories and check boxes on this form to identify the types of harassment/bullying you, or the victim, is experiencing. On the next page, there will be space available for a narrative description.

Please complete this form separately for each Alleged Offender.

PHYSICAL

- Kicking
- Pushing
- Slapping
- Tripping
- Pinching
- Spitting
- Hitting with objects
- Punching

RACIAL/DISABILITY

- Any actions listed in the other categories with emphasis on a person's race, disability, or other physical or behavioral difference

ELECTRONIC

- Harassing text messages
- Harassing social media posts, comments, private messages brought in to school
- Email
- Taking/posting/disseminating embarrassing photos

VERBAL/WRITTEN

- Mocking and teasing
- Intimidating phone calls
- Spreading rumors
- Threats
- Notes
- Drawings
- Letters

INTIMIDATION

- ☐ Aggressive peer pressure
- ☐ Intimidating pranks or tricks
- ☐ Taking things with force
- ☐ Demanding money/other things
- ☐ Aggressively getting in someone's personal space
- ☐ Other

SEXUAL/LIFESTYLE

- ☐ Touching
- ☐ Jokes/sexual innuendo
- ☐ Repeatedly asking a person out when they have said no
- ☐ Making sexual noises/gestures
- ☐ Gay/transgender bashing
- ☐ Other

EMOTIONAL

- ☐ Excluding with purpose
- ☐ Tormenting
- ☐ Hiding personal items
- ☐ Threatening gestures
- ☐ Ridicule
- ☐ Staring
- ☐ Other

Report on the frequency, severity, and location of the harassing/bullying incidents you just reported:

<u>FREQUENCY</u>						
Only once	Weekly	Several Times a Week	Daily	Several Times a Day	Hourly	More than Hourly
<u>SEVERITY</u>						
Casual	Aggressive		Severe		Medical or Police Attention Sought	
<u>LOCATION</u>						
Bus	Classroom	Playground	Hallway	Gym	Locker room	Bathroom

What happened? Describe each specific incident.	Date and time (for example, "10/12/16; walking between first and second period")	Location of each incident:	Witnesses to this incident- list anyone who was in the area

Narrative Description of Harassment Incident

Please be specific about the types of harassment, the frequency of their occurrence, and each alleged offender's actions. Continue on the back if needed.

Possible Witnesses

Name	Phone Number	Relationship to Victim			
		Friend	Parent	Teacher	Other
		Friend	Parent	Teacher	Other
		Friend	Parent	Teacher	Other
		Friend	Parent	Teacher	Other
		Friend	Parent	Teacher	Other

Submission Instructions

Please complete all sections of this form, and submit a copy to the main office of your (the student's) building along with any evidence that supports this report.

Report submitted by: _____ Signature: _____ Date: _____

Report received by: _____ Signature: _____ Date: _____