

## New Philadelphia City Schools Harassment, Intimidation & Bullying Incident Report Form

Instructions: Harassment, intimidation, discrimination 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 at your school or to the district 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.

Today's Date: \_\_\_\_\_ Name of Targeted Student: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Student #: \_\_\_\_\_

Name of School: \_\_\_\_\_

Person Reporting Incident: \_\_\_\_\_  I prefer to remain anonymous

Relationship to Targeted Student:  Self  Witness/Bystander  Parent/Guardian  
 School Staff  Close Adult Relative  Other: \_\_\_\_\_

Name(s) of Bullies, if known:	Student	
	Yes	No

Name(s) of Witnesses/Bystanders, if known:	Student	
	Yes	No

Date(s) of Incident(s): \_\_\_\_\_

School adults already contacted: \_\_\_\_\_

	Yes	No	Unknown
Is this an ongoing issue?			
Have you witnessed the accused bully exhibit bullying/harassing behavior toward you, the targeted student or other students before? If yes, how many times? _____			
Was a report filed for the previous times? If yes, when: _____			

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

**At School**

- Classroom
- Cafeteria
- Locker Room
- Hallway or Locker
- Restroom
- Other (describe): \_\_\_\_\_

**On School Property**

- School Club/Activity
- Parking Lot
- Grounds/Common Areas
- Sports Field
- Gym

**Off School Property**

- School-Sponsored Activity
- School Bus/Bus Stop
- Way to/from school
- Internet/Social Media
- Cell Phone/Text

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

- |  |  |
|--|--|
| <input type="checkbox"/> Physical violence (hitting, kicking, shoving, etc.)<br><input type="checkbox"/> Getting another person to harm the targeted student<br><input type="checkbox"/> Threats/intimidation<br><input type="checkbox"/> Teasing/name calling/critical remarks<br><input type="checkbox"/> Demeaning and making student a target of jokes<br><input type="checkbox"/> Rude or threatening gestures<br><input type="checkbox"/> Spreading lies/rumors/gossip<br><input type="checkbox"/> Electronic communication or "Cyber Bullying" (describe): _____<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> Social exclusion/rejection<br><input type="checkbox"/> Theft/damaged possessions<br><input type="checkbox"/> Stalking/ongoing harassment<br><input type="checkbox"/> Public humiliation<br><input type="checkbox"/> Make fearful, demand money/exploiting<br><input type="checkbox"/> Racial comments<br><input type="checkbox"/> Sexual comments |
|--|--|

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

Why do you think the incident(s) happened? (attach a separate sheet, if needed):

	Yes	No	Unknown
Did physical injury result from this incident?			
If yes, was medical attention required?			
If there was physical injury, will the targeted student have permanent effects as a result?			
Was the targeted student absent from school because of the incident? If yes, number of days absent: _____			
Did a psychological injury result from this incident?			
If yes, were psychological services sought?			

Please list or attach any evidence of bullying or harassment (i.e. texts, notes, photos, etc) or other relevant information:

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

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

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

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