

1. Alleged Targeted student

Victim	Age	DOB	Gender	School	Student	Nonbinary
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

2. Alleged Witness(es) (if known)

Witnesses	Age	DOB	Gender	School	Student	Nonbinary
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

3. Alleged Offender(s) (if known)

Offenders	Age	DOB	Gender	School	Student	Nonbinary
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

4. On what date(s) did the incident (s) happen?

_____ / _____ / _____
 _____ / _____ / _____
 _____ / _____ / _____
 Month Day Year
 Month Day Year
 Month Day Year

5. Place an X next to the statement(s) that best describes what happened (choose all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Actions/comments related to the student's race/ethnicity | <input type="checkbox"/> Demeaning behavior just to be mean |
| <input type="checkbox"/> Actions/comments related to the student's national origin | <input type="checkbox"/> An act or threat of retaliation |
| <input type="checkbox"/> Actions/comments related to the student's religion | <input type="checkbox"/> Gang related/gang recruitment |
| Specify type:(optional) _____ | <input type="checkbox"/> Human trafficking/prostitution recruitment |
| <input type="checkbox"/> Actions/comments related to the student's sex | <input type="checkbox"/> Any bullying, harassment, or intimidation that involves physical aggression |
| <input type="checkbox"/> Actions/comments related to the student's immigration status | <input type="checkbox"/> Cyberbullying (social media, text messages, etc.) |
| <input type="checkbox"/> Actions/comments related to the student's family/parental or marital status | <input type="checkbox"/> Teasing, name-calling, making critical remarks |
| <input type="checkbox"/> Actions/comments related to the student's socio-economic status | <input type="checkbox"/> Making rude and/or threatening gestures |
| <input type="checkbox"/> Actions/comments related to the student's academic performance | <input type="checkbox"/> Excluding or rejecting the student |
| <input type="checkbox"/> Actions/comments related to the student's perceived sexual orientation | <input type="checkbox"/> Intimidating, extorting, exploiting the student |
| <input type="checkbox"/> Actions/comments related to the student's gender expression | <input type="checkbox"/> Getting another person to target or demean the student |
| <input type="checkbox"/> Actions/comments related to the student's gender identity | <input type="checkbox"/> Speaking hurtful rumors or gossip |
| <input type="checkbox"/> Actions/comments related to the student's disability | <input type="checkbox"/> Racial/ethnic harassment |
| | <input type="checkbox"/> Sexual harassment |

- Actions/comments related to the student's physical appearance Other: (Please Specify) _____
 Demeaning behavior to impress others _____

6. Where did the incident happen? (choose all that apply):

- On school property (please specify location) _____
 On the way to/from school*
 On a school bus
 Off school property or at a school-sponsored activity or event
 Digital device on school property
 Digital device off school property
 During virtual learning
 Other (please specify) _____

*Will be collected unless specifically excluded by local board policy

7. Describe the incident(s), including what the alleged offender(s) said or did.

8. Why do you think the bullying, cyberbullying, harassment, and/or intimidation occurred?

9. Did a physical injury result from this incident? Place an X next to one of the following:

- No Yes, but it did not require medical attention Yes, and it required medical attention

10. If there was a physical injury, do you think there will be permanent effects? Yes No

11. Was the student victim absent from school as a result of the incident? Yes No
If yes, how many days was the student victim absent from school as a result of the incident? _____

12. Did a psychological injury result from this incident? Place an X next to one of the following:

- No Yes, but psychological services have not been sought Yes, and psychological services have been sought

13. Is there any additional information you would like to provide?

Signature: _____ **Date:** _____