



### Bullying, Harassment or Intimidation Reporting Form

*This form is to be confidentially maintained in accordance with the Family Educational Rights and Privacy Act, 20 U.S.C. §1232g.*

**Directions:** Bullying, harassment, or intimidation is not acceptable. Please complete this form to report alleged bullying, harassment, or intimidation and return it to the school administration office. Contact the school for additional information or assistance at any time.

Today's Date: \_\_\_\_\_

School: \_\_\_\_\_

Name of Person Reporting Incident: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Are you (Check one):  Student/ Victim       Student Witness/Bystander       School Staff Member  
 Parent/Guardian       Close Adult Relative       Other Adult

Name(s) of Student Victim(s):

Name(s) of Alleged Offender(s):

Name(s) of Witness(es)/Bystander(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. On what date(s) did the incident(s) happen? \_\_\_\_\_

2. Where did the incident(s) happen? (Check all that apply):

- Bus                               Cafeteria                               Classroom                               Hallway
- Playground                               Restroom                               School Activity/Event                               To/From School
- Other: \_\_\_\_\_

3. What best describes what happened? (Check all that apply):

- Cyber Bullying                               Hitting                               Inappropriate Touching                               Intimidation
- Kicking                               Name Calling                               Profanity                               Pushing
- Rude/Threatening Gestures                               Rumors/Gossip                               Social Exclusion/Rejection                               Teasing
- Theft                               Threatening                               Sexual Harassment                              Other \_\_\_\_\_

4. Was there an adult around at the time of the incident?  Yes  No

If so, who? \_\_\_\_\_



5. Explain what you saw and heard: \_\_\_\_\_

6. Purposed Resolution: \_\_\_\_\_

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◆ FOR OFFICE USE ONLY ◆

Date Complaint Received: \_\_\_\_\_

Administrator Signature \_\_\_\_\_

Law Enforcement Involved  Yes  No

Constitutes Sexual Harassment  Yes  No

(If yes, refer to TITLE IX Process)

Complaint Investigated:  Yes  No

Administrator Signature \_\_\_\_\_

Entered into Synergy:  Yes  No

Administrator Signature \_\_\_\_\_