

Bullying/Harassment/Intimidation Incident Reporting Form

This form must be completed to file a complaint relating to an incident of alleged bullying/harassment/intimidation and turned into an administrator of the victim's school.

Today's Date:/	School:	
Name of Person Reporting Incident:	☐ Self ☐ Friend ☐ Bystander ☐ Other: Relationship to Student Victim: Grade Level (if applicable):	
Date(s) of Incident(s):	Time(s) of Incident(s): a.m. or p.m.	
Location of Incident: (check all that apply) □ On School Property □ Location: □ On a school bus/school bus stop □ On an electronic device (i.e.: internet, email, phone, social media) □ At a school-sponsored activity or event located off school property □ On the way to/from school □ Other: □ Other:		
Behaviors: (check all that apply)		
□ Shoved/Pushed □ Hit/Kicked/Punch	ned \square Threatened \square Damaged Possessions	
□ Being left out/ Excluded □ Teasing/Taunting	□ Writing/Graffiti □ Stole Possessions	
□ Staring/Glaring □ Intimidation	□ Put Downs □ Inappropriate Touching	
□ Told Lies/Spread Rumors	□ Other:	
Cyberbullying using: □ Text Messages □ Website □ Email □ Social Media		
	Wame(s) of Alleged First and Last Name(s) of Witness(es)/Bystander(s) & Grade Level(s):	
Description of what happened: Please be as detailed as possible and include dates, times, locations, and who was present during the incident. Additional pages may be attached if necessary.		
Proposed solution: (Indicate what you think can and should be done to solve the problem. Be as specific as possible.)		

(Office Use Only) Investigative Reporting Form (Office Use Only)

Date form was received:/		
Form received by: Job title:		
Bullying/Harassment/Intimidation Investigation Findings:		
The investigating official must complete the following information once the investigation has been completed.		
Date student(s) received written copy of student rights, protections and support services (JI-R):/		
Date student(s) parents were contacted notifying them of the report:		
Allegation of Bullying/Harassment/Intimidation incident related to: (check all that apply)		
□ Gender □ Religion		
□ Disability □ National Origin		
□ Sexual Orientation □ None		
□ Race or Color		
Summary of Investigation		
	Jone □ Other	
Remarks:		
Date Incident (if founded) entered in Synergy:/ Incident #:		
Consequences Assigned:		
Date(s) of follow-up meeting with student(s) involved:		
Principal or Principal designee assigned to investigate:		
Printed Name:	Investigation Completion Date:	
Signature:	//	