

## Incident Report Form



Columbia Heights Public School District maintains a firm policy prohibiting all forms of discrimination including bullying, harassment, hazing and cyberbullying. For more information, see school board policies 514, 525 and 526.

### Definitions

**Bullying** means behavior by an individual student or group of students that is:

- intimidating, threatening, abusive or harmful and;
- involves an actual or perceived imbalance of power in which the student being bullied has difficulty defending themselves; and
- the conduct is repeated or forms a pattern and;
- materially and substantially interferes with a student's educational opportunities or performance or ability to participate in school functions or activities or receive school benefits, services, or privileges.

**Harassment** means physical or verbal conduct, including, but not limited to, electronic communications, relating to an individual's or group of individuals' race, color, creed, religion, national origin, sex, age, marital status, familial status, status with regard to public assistance, sexual orientation, including gender identity or expression, or disability when the conduct:

- has the purpose or effect of creating an intimidating, hostile, or offensive working or academic environment;
- has the purpose or effect of substantially or unreasonably interfering with an individual's work or academic performance; or
- otherwise adversely affects an individual's employment or academic opportunities.

**Hazing** means committing an act against a student, or coercing a student into committing an act, that creates a substantial risk of harm to a person, in order for the student to be initiated into or affiliated with a student organization, or for any other school-related purpose.

**Cyberbullying** means bullying using technology or other electronic communication, including, but not limited to, a transfer of a sign, signal, writing, image, sound, or data, including a post on a social network Internet website or forum, transmitted through a computer, cell phone, or other electronic device. The term applies to prohibited conduct which occurs on school premises, on school district property, at school functions or activities, on school transportation, or on school computers, networks, forums, and mailing lists, or off school premises to the extent that it substantially and materially disrupts student learning or the school environment.

**Name of person completing this form:** \_\_\_\_\_

I am (Choose one) \_\_\_Victim \_\_\_Bystander \_\_\_Parent/Guardian \_\_\_Staff Member \_\_\_Other: \_\_\_

Home address: \_\_\_\_\_

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

Date of alleged incident(s): \_\_\_\_\_ School: \_\_\_\_\_

**Tell us what happened.**

Student who was harmed: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Student (s) who did the harm: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

**Where** did the incident happen? \_\_\_\_\_

**When** did the incident happen? \_\_\_\_\_

Describe the incident(s) as clearly as possible, including such things as: what force, if any, was used, any verbal statements (i.e., threats, requests, demands, etc.); what, if any, physical contact was involved, etc. (*Attach additional pages if necessary*): \_\_\_\_\_

**Check one or more boxes below.**

**The bullying, harassment or hazing was on the basis of:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Disability                                     | <input type="checkbox"/> Race/Color/National Origin                                  | <input type="checkbox"/> Religion                                |
| <input type="checkbox"/> Sex  | <input type="checkbox"/> Sexual Orientation including gender identity and expression |  |
| <input type="checkbox"/> Ethnicity                                      | <input type="checkbox"/> Creed   | <input type="checkbox"/> Marital Status                          |
| <input type="checkbox"/> Familial Status                                | <input type="checkbox"/> Socioeconomic Status  | <input type="checkbox"/> Physical Appearance                     |
| <input type="checkbox"/> Immigration Status                             | <input type="checkbox"/> Age   | <input type="checkbox"/> Status with Regard to Public Assistance |
| <input type="checkbox"/> Academic Status Related to Student Performance |  | <input type="checkbox"/> Other                                   |

Did you see the event happen? \_\_\_Yes \_\_\_No

If no, who made the report to you? \_\_\_\_\_

Did anyone else see what happened? \_\_\_Yes \_\_\_No Who? \_\_\_\_\_

Was an adult nearby? \_\_\_Yes \_\_\_No Who? \_\_\_\_\_

\_\_\_\_\_ I hereby certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge and belief.

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

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only**

Incident ID #: \_\_\_\_\_ Other: \_\_\_\_\_