



Bullying, Harassment, Intimidation Form

Directions: Bullying, harassment or intimidation is not acceptable. Please complete this form to report alleged bullying, harassment, or intimidation and return it to school administration.

Today's Date: _____

Name of person reporting incident: _____

Telephone: _____ Email: _____

Are you (Check one):

- | | | |
|--|--|--|
| ☐ Student/ Victim | ☐ Student Witness/Bystander | ☐ School Staff Member |
| ☐ Parent/Guardian | ☐ Other Adult | |

Name of victim: _____

Name of alleged offender: _____

Bystanders/Witnesses: _____

What date(s) did this occur? _____

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

- | | | | |
|--|---------------------------------------|---|---------------------------------------|
| ☐ Bus Cafeteria | ☐ Classroom | ☐ Hallway | ☐ Playground |
| ☐ Restroom | ☐ School Event | ☐ To/From School | ☐ Other: _____ |

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

- | | | | |
|---|--|---|---------------------------------------|
| ☐ Cyber Bullying | ☐ Hitting/Kicking | ☐ Inappropriate Touching | ☐ Intimidation |
| ☐ Name Calling | ☐ Threatening | ☐ Teasing | ☐ Theft/Damage |
| ☐ Other: _____ | | | |

Explain what you heard/saw:

Proposed resolution:

For official use only

Date complaint received: _____

Administrator/Investigator: _____