



**Cleveland Heights-University Heights  
Bullying, Harassment and Intimidation Incident Report Form**

Directions: Bullying, harassment, or intimidation are serious and will not be tolerated. This is a form to report alleged bullying, harassment or intimidation that has occurred on school property, during a school-sponsored activity or event off school property, on school transportation, or on the way to or from school, in the current school year. If you feel you are the target of bullying, harassment or intimidation, or want to report an incident of alleged bullying, harassment or intimidation, **complete this form and return it to the principal at the alleged target student's school.** Contact the school for additional information or assistance at any time.

Bullying, Harassment, or Intimidation means (See Board Policy 5517.01):

Any intentional written, verbal, electronic, or physical act that a student or group of students exhibits toward another particular student(s) more than once and the behavior both causes mental or physical harm to the other student(s) and is sufficiently severe, persistent, or pervasive that it creates an intimidating, threatening, or abusive educational environment for the other student(s); or violence within a dating relationship.

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

<b>Person Reporting Incident</b>		
<b>(Please Print)</b>		
Name of Reporter: _____		
Telephone Number: _____ Email: _____		
Place an X in the appropriate box identifying yourself as the following:		
<input type="checkbox"/> Target	<input type="checkbox"/> Witness/Bystander	<input type="checkbox"/> Parent/Guardian
School Staff (position) _____		Other _____

NOTE: Please print when responding to the following:

1. Alleged student target name: \_\_\_\_\_ Age: \_\_\_\_\_

2. Name(s) of alleged offender(s) if known: Age Grade School Is he/she a student?

_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

____/____/____	____/____/____	____/____/____
month day year	month day year	month day year

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

- ☐ Any bullying, harassment, or intimidation that involves physical aggression
- ☐ Getting another person to harm the student
- ☐ Teasing, name-calling, making critical remarks, threatening, in person or by other means
- ☐ Demeaning and making the student the target of jokes
- ☐ Making rude and or threatening gestures
- ☐ Excluding or rejecting the student
- ☐ Intimidating, extorting, or exploiting
- ☐ Spreading harmful rumors or gossip
- ☐ Damaging property
- ☐ Cyber (specify) \_\_\_\_\_ school owned? \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

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

- |  |  |
|--|--|
| <input type="checkbox"/> On school property          | <input type="checkbox"/> On the way/home from school |
| <input type="checkbox"/> At a school sponsored event | <input type="checkbox"/> School bus                  |
| <input type="checkbox"/> Cafeteria/lunchroom         | <input type="checkbox"/> Playground                  |
| <input type="checkbox"/> Classroom                   | <input type="checkbox"/> Hallway                     |
| <input type="checkbox"/> Locker room                 | <input type="checkbox"/> Restroom                    |
| <input type="checkbox"/> Phone                       | <input type="checkbox"/> Internet                    |
| <input type="checkbox"/> Stairwell                   | <input type="checkbox"/> Other _____                 |

6. What did the alleged offender do (attach a separate sheet if necessary)?

7. Did anything lead up to the bullying/harassment/intimidation that may help to further explain the situation?

8. Has this been reported to the school before? ☐ Yes ☐ No Don't know

If yes, when? \_\_\_\_\_ By whom? \_\_\_\_\_

9. Did a physical injury result from this incident?

- ☐ Yes, but it did not require medical attention
- ☐ Yes, and it did require medical attention Don't know
- ☐ No
- ☐ Don't know

10. Was the alleged student target absent from school as result of the incident?

- ☐ Yes (If yes, how many days was the student absent as a result of the incident \_\_\_\_\_)
- ☐ No
- ☐ Don't know

11. Is there any additional information you would like to provide (attach a separate sheet if necessary)?

Signature \_\_\_\_\_ Date \_\_\_\_\_

**RETURN COMPLETED FORM TO THE SCHOOL OF THE ALLEGED STUDENT TARGET**

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School Use Only

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