



Directions: In accordance with the provisions of Act 755 of the 2010 Legislative Session, this form is to be used to document the details of each reported incident of harassment, intimidation, and bullying that occurred on school property; at a school-sponsored activity or event off school property; on a school bus; or on the way to and/or from school. It also is to be used to address cyberbullying.

Date of Report _____ Date of Incident _____ Time of Incident _____

School Name _____ District Name _____

Name of Student Target (Victim) _____ Age _____ Grade _____

Ethnic Origin of Victim _____ ☐ Male ☐ Female

Name(s) of Alleged Perpetrator(s)	Age	Male	Female	Ethnic origin

Indicate Type of Incident: ☐ Harassment ☐ Intimidation ☐ Bullying ☐ Cyberbullying

Check all items below that apply:

Verbal	Physical
Name-calling	Kicking
Taunting/ridiculing	Hitting/punching
Mocking	Pushing
Making offensive comments	Pinching
Teasing	Stalking
Demeaning comments	Inappropriate touching
Other (please state)	Other (please state)

Emotional	Electronic Aggression (Cyberbullying)
Offensive graffiti	Offensive text messages
Excluding from group	Offensive e-mails
Spreading rumors	Sending degrading images
Being forced to do something against his/her will	Posting rumors or lies about someone
Taking possessions/money	Assuming a person's electronic identity with the intent of causing harm
Other (please state)	Other (please state)

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

- | | | | |
|--|-------------------------------------|-------------------------------------|---|
| ☐ Classroom | ☐ Lunchroom | ☐ School Bus | ☐ Locker Room/Area |
| ☐ Restroom | ☐ Hallway | ☐ Bus Stop | ☐ Parking Lot |
| ☐ On the way to/from school | ☐ Playground | ☐ Internet | ☐ Cell Phone |
| ☐ At a school sponsored activity or event off school property | | | |
| ☐ Other (Please Specify) _____ | | | |

Were there any witnesses? ☐ Yes ☐ No

If yes, please provide their names _____

Physical evidence, if available

Graffiti

Notes

E-mail

Websites

Video/Audio Tape

Other

If you feel the incident was in any way motivated by any of the following please indicate by checking where appropriate.

☐ Appearance

☐ Disability

☐ Home Circumstances

☐ Gender

☐ Race/Ethnic Origin

☐ Medical Condition

☐ Religion

☐ Sexual Orientation

☐ Other (Please Specify)

Is there any other relevant information that you would like to provide?

Action taken:

Non-disciplinary Interventions		Disciplinary Interventions	
Student counseling	☐	Temporary removal from the classroom	☐
Parent conference	☐	Denial of privileges	☐
Mediation	☐	Detention	☐
	☐	Referral to disciplinarian	☐
	☐	In-school suspension	☐
	☐	Out-of-school suspension	☐
	☐	Expulsion	☐
	☐	Legal action	☐

Have you had contact with the victim's parent/guardian?

☐ Yes

☐ No

Have you had contact with the perpetrator's parent/guardian?

☐ Yes

☐ No

Have you reported this incident to any other agencies?

☐ Yes

☐ No

If 'yes' which agencies?

Name of the Person Filing Report

Title

Signature of Person Filing Report

Date