Bullying and/or Harassment Reporting Form
VCS K-12 Schools

Directions: Bullying and harassment are serious and will not be tolerated. This is a form to report alleged bullying and harassment that occurred on school property; at a school-sponsored activity or event off school property; or on a school bus in the current school year. If you are a student victim, the parent/guardian of a student victim, or a school staff member and wish to report an incident of alleged bullying and harassment, complete this form and return it to the Principal at the student victim's school. Contact the school for additional information or assistance at any time. *This form can be completed anonymously by omitting name and signature.*

Bullying and harassment means intentional, unwanted, and repeated verbal, physical, or written (including electronic) conduct that creates a hostile environment and substantially interferes with educational benefits, opportunities, or performance, or with a student's physical or psychological well-being and is motivated by an actual or perceived personal characteristic, such as race, national origin, marital status, sex, sexual orientation, gender identity, religion or disability, or is threatening or seriously intimidating.

PLEASE PRINT

Today's date ____ _____ _____ School _____

Person Reporting Incident: Name _____

Telephone _____ _____ _____ E-mail _____

Place a ✓ in the appropriate box: ☐ Student ☐ Parent/Guardian

☐ School Personnel ☐ Other (relationship to student) _____

1. Name of student victim _____ Age _____

2. Name(s) of alleged bully/bullies (if known)

	Age	Is he/she a student?
		☐ Yes ☐ No
		☐ Yes ☐ No

3. When did the incident occur: Date(s) _____

   and/or Number of time(s) _____

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

   ☐ In the classroom ☐ In the lunchroom ☐ In the hall ☐ In bathroom

   ☐ At recess ☐ At the bus stop ☐ On a school bus ☐ On a school computer

   ☐ On PE field ☐ Other_____

5. Tell **what** happened: (choose all that apply)

   ☐ Unfriendly teasing ☐ Intimidating ☐ Hitting/kicking ☐ Shoving/pushing ☐ Threatening ☐ Name calling

   ☐ Gossip and rumors being spread ☐ Cyber bullying ☐ Other _____

6. What did the alleged bully/bullies say or do? _____

   _____ (attach a separate sheet if necessary)

7. Why do you think the bullying or harassment occurred? _____

   _____ (attach a separate sheet if necessary)

8. Did a physical injury result from this incident? *Place a ✓ next to one of the following:*

☐ No ☐ Yes, but it did not require medical attention ☐ Yes, and it required medical attention

If yes, what was the injury? _____

9. Was the student victim absent from school as a result of this incident? ☐ Yes ☐ No

If yes, how many days was the student victim absent from school as a result of the incident? _____

10. Who did you tell about the incident? *(list name)* ☐ Administrator _____ ☐ Teacher_____

☐ School Counselor_____ ☐ Other_____ ☐ No one

If you told, how did you tell? _____ When did you tell? _____

11. List any other witnesses' names and grades: _____

_____

12. Is there any additional information you would like to provide? _____

_____ (attach a separate sheet if necessary)

Signature: _____ **Date:** _____

Thank you. This report will be followed up in a prompt manner. By completing this form, you are verifying that your statements are true and exact to the best of your knowledge. If you fear a student is in IMMEDIATE danger, please contact a trusted adult right away!

Do not file in the cumulative record

For Office Use Only

Brief Investigation Summary

Date reporting form received: _____ Date action taken: _____

Administrator: _____

☐ Cum Review ☐ Discipline Review ☐ Parent Contacted ☐ Bullying/Harassment Verified

Date of Parent Contact: _____ Method of Contact: _____

Student ID ☐☐☐☐☐ **Offense Code** _____ **Action (If needed)** _____ **Input By**_____

This form is to be confidentially maintained in accordance with the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g.