Bullying, Harassment or Intimidation Reporting Form

Washington Elementary School District
4650 W. Sweetwater Ave., Glendale, AZ 85304

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

Directions: Bullying, harassment or intimidation is not acceptable. Please complete this form to report alleged bullying, harassment, or intimidation and return it to the school administration office. Contact the school for additional information or assistance at any time.

Today's Date: _____ School: _____

Name of Person Reporting Incident: _____ Grade: _____

Telephone: _____ E-mail: _____

Are you (Check one):
☐ Student/ Victim ☐ Student Witness/Bystander ☐ School Staff Member
☐ Parent/Guardian ☐ Close Adult Relative ☐ Other Adult

Name(s) of Student Victim(s): _____ _____ _____

Name(s) of Alleged Offender(s): _____ _____ _____

Name(s) of Witness(es)/Bystander(s): _____ _____ _____

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

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

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

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

☐ Cyber Bullying ☐ Hitting ☐ Inappropriate Touching ☐ Intimidation
☐ Kicking ☐ Name Calling ☐ Profanity ☐ Pushing
☐ Rude/Threatening Gestures ☐ Rumors/Gossip ☐ Social Exclusion/Rejection ☐ Teasing
☐ Theft ☐ Threatening ☐ Other:

4. Please list anyone who can provide more information regarding this complaint. _____

5. Explain what you saw and heard:(Use back of form if additional space is needed) _____

_____

_____

6. Projected solution: (what do you think can and should be done to solve this problem) _____

_____

Signature of Person Reporting Incident _____

FOR OFFICE USE ONLY

Rights/Protections/Services supplied to victim: Date: _____ Admin. Signature _____

Complaint Investigated: ☐ Yes ☐ No Admin. Signature _____

Entered into Synergy: ☐ Yes ☐ No Admin. Signature _____

Investigation results provided to victim: Date: _____ Admin. Signature _____