

Bullying and Harassment Student Report

Notice: Students may file reports regarding suspected harassment, intimidation, or bullying. This report may be filed with any school staff member or administrator and will be promptly forwarded to the Building Director for review, investigation, and action.

1. STUDENT VICTIM INFORMATION

Student Name: _____ Date of Report: _____

Phone Number: _____ Student Email: _____

Address: _____

Grade: _____ School: _____

2. INDIVIDUAL(S) INVOLVED

Who is bullying or harassing you?

Name of Person Bothering You: _____ Title/Role: _____

Grade: _____ School: _____

Explain if Other (e.g., Staff/Visitor/Unknown): _____

3. NATURE OF COMPLAINT

Please check all boxes that apply to this incident:

- | | | |
|--|--|---|
| ☐ Teasing | ☐ Hitting or Kicking | ☐ Gender Discrimination |
| ☐ Gossip / Rumors | ☐ Shoving or Pushing | ☐ Sexual Harassment |
| ☐ Name Calling | ☐ Email / Text / Social Media | ☐ Dating / Relationship Violence |
| ☐ Sexual Assault | ☐ Racial Discrimination | ☐ Other |

If "Other," please specify: _____

4. INCIDENT LOCATION

Where did this happen? (Check all that apply)

- | | | | |
|------------------------------------|------------------------------------|-------------------------------------|---------------------------------------|
| ☐ Classroom | ☐ Restroom | ☐ Playground | ☐ School Bus |
| ☐ Hallway | ☐ Cafeteria | ☐ Bus Stop | ☐ School Event |

Other Location Details: _____

5. DESCRIPTION OF BULLYING / HARASSMENT

Please describe what happened in detail:

When did this happen? (Dates/Times): _____ How many times has it occurred? _____

Have you reported this before? ☐ Yes ☐ No

If yes, who did you report this to? _____

List any people who witnessed this behavior (students, teachers, staff):

6. IMPACT & REQUESTED ACTION

How has this affected you?

What would you like school administration/staff to do to help stop this?

7. STATEMENT OF UNDERSTANDING & CERTIFICATION

I certify that, to the best of my knowledge and belief, the information that I have included in this report is true and accurate. I certify that, to the best of my knowledge, I have not included any false statements. I understand that deliberately making false reports about harassment, intimidation, bullying and/or other aggressive behavior for the purpose of getting someone in trouble is prohibited by the Madison Local School District and is not tolerated. I understand that deliberately making false reports may result in disciplinary action.

STUDENT SIGNATURE

DATE COMPLETED