



CLARK-SHAWNEE ADMINISTRATIVE OFFICE

Brian Kuhn
Superintendent

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Treasurer

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Springfield, OH 45502



clarkshawnee.org

Harassment, Intimidation, and Bullying Reporting Form

Your Information

First Name: _____ Last Name: _____

Email: _____

Phone Number: _____

Incident Information

When did this incident happen?

Where did this incident happen? (check all that apply)

- ☐ Shawnee Elementary School
- ☐ Shawnee Middle/High School

- ☐ Bus
- ☐ Hallway
- ☐ Classroom
- ☐ Locker Room

- ☐ Gym
- ☐ Cafeteria
- ☐ Extracurricular Activity
- ☐ Bathroom
- ☐ At Lockers
- ☐ Playground
- ☐ Other

Please enter more information about the location of the incident

What was your role in the incident?

☐ Student ☐ Teacher ☐ Staff Member ☐ Administrator ☐ Parent ☐ Volunteer ☐ Bystander ☐ Other	Please enter any other information about how you were involved or how you know of this incident.
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Describe the harassment, intimidation, or bullying you are reporting in as much detail as possible.

Cause of harassment, intimidation, or bullying: (check all that apply)

☐ Unknown ☐ Age ☐ Color ☐ Race ☐ Creed ☐ National Origin ☐ Ancestry	☐ Marital Status ☐ Sex ☐ Religion ☐ Gender Identity ☐ Physical Attributes ☐ Physical/Mental Abilities	☐ Political Belief ☐ Political Party Preference ☐ Socioeconomic Status ☐ Sexual Orientation ☐ Family Status ☐ Other
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Method of harassment, intimidation, or bullying: (check all that apply)

☐ Electronic Communication ☐ Written Communication ☐ Verbal	☐ Physical ☐ Social/Relational ☐ Other
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Who was the person being harassed, intimidated, or bullied?
(please share the name(s) of all victims if you have them)

What is age and/or grade of the victim(s)?

Who was harassing, intimidating, or bullying?
(please share the name(s) of the offender(s) if you have them)

What is the age and/or grade of the offender(s)?

The offender is:

- ☐ Student from the same district
- ☐ Student from a different district
- ☐ Certified staff
- ☐ Volunteer
- ☐ Other: _____

Please list the names of any witnesses to the incident:

By submitting this form you acknowledge that the information entered is complete, true, and accurate. Please note that whoever engages in any conduct with intent to convey false or misleading information under circumstances where such information may reasonably be relied upon and where such information indicates that an activity has taken, is taking, or will take place would constitute a violation of law and the submitter of such information may be prosecuted.

Signature: _____ Date: _____