

Elementary Level Harassment, Intimidation and Bullying Incident Reporting Form



Name of reporting person (optional):

☐ I don't want to share my name

Today's date:

My school:

Your email address (optional):

Your phone number (optional):

Name of the student who was bullied, harassed or intimidated:

If you told an adult at your school what happened, please give us the name of that person:

If you know the bullies, please tell us the name(s) or their physical description (hair color, eye color, how tall, boy or girl, grade, or what teacher do they have):

If you know on what dates and times the incident(s) happened, please tell us:

Please check the boxes that relate to the incident:

Where did the incident happen?	What happened during the incident?	Was anybody physically hurt?
<input type="checkbox"/> Classroom <input type="checkbox"/> Hallway <input type="checkbox"/> Restroom <input type="checkbox"/> Playground <input type="checkbox"/> Locker room <input type="checkbox"/> Lunchroom <input type="checkbox"/> Sport field <input type="checkbox"/> Parking lot	<input type="checkbox"/> School bus <input type="checkbox"/> School activity <input type="checkbox"/> On the way to/from school <input type="checkbox"/> Off school property <input type="checkbox"/> Internet/Social media <input type="checkbox"/> Cell phone <input type="checkbox"/> Other: <input type="text"/>	<input type="checkbox"/> Taunting, cruelty <input type="checkbox"/> Teasing, name calling <input type="checkbox"/> Intimidation, humiliation <input type="checkbox"/> Retaliation <input type="checkbox"/> Harmful rumors or gossip <input type="checkbox"/> Exclusion, rejection <input type="checkbox"/> Cyber bullying <input type="checkbox"/> Other: <input type="text"/>
Was the student absent from school because of what happened?		<input type="checkbox"/> No <input type="checkbox"/> Yes, medical attention NOT required <input type="checkbox"/> Yes, medical attention required Please explain: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Describe what happened:

Were there any witnesses? ☐ No ☐ Yes. If yes, please give us their names:

What is your desired resolution or outcome?

For office use only

Date received:

Report received by:

Name of parent/guardian contacted:

Action taken:

Check one:

☐ Resolved

☐ Unresolved

Referred to:

Student ID: Complainant ID

Alleged Aggressor ID