

# STUDENT HARASSMENT & BULLYING REPORTING FORM

<b>Report of Bullying or Harassment</b> (Any person with knowledge or concerns related to the possible bullying or harassment of a student may report the issue using this form.)	
1. Print the name of the person who is submitting this report:  _____	2. Today's Date:  _____
3. The person submitting the report is a: <input type="checkbox"/> Student in grade _____ <input type="checkbox"/> Parent/Guardian of _____ <input type="checkbox"/> School District Employee <input type="checkbox"/> Other: _____	4. The person submitting the report is (check all that apply): <input type="checkbox"/> A victim/target of bullying or harassment <input type="checkbox"/> Someone who saw what happened to someone else <input type="checkbox"/> Someone who has heard what happened to someone else <input type="checkbox"/> Other: _____
5. <b>WHO</b> is being bullied or harassed? (Please provide names(s) and grade(s) of each student you can identify as a possible victim/target.)	
6. <b>WHO</b> is bullying or harassing the people listed above? <input type="checkbox"/> Other student(s): _____ <input type="checkbox"/> School employee(s): _____ <input type="checkbox"/> Someone else: _____	
7. Describe what happened (or what is happening if the concern involves ongoing behavior) <b>WHAT</b> happened (describe separate incidents separately)? <b>WHERE</b> did it happen? <b>WHEN</b> did it happen?  1) _____ 2) _____  Please list additional incidents, or provide additional detail on the back (or by using attached sheets of paper) if needed.	
8. Is the problem over now, or is it likely to continue? <input type="checkbox"/> It seems like it is over for now, but I'm still concerned. <input type="checkbox"/> It is continuing, or seems very likely to continue.  9. Does this complaint allege a violation of law or District policy that is based upon, or that has occurred because of, any individual's legally-protected status (e.g., race, color, national origin, ancestry, sex, sexual orientation, religion, creed, pregnancy, marital or parental status, or any physical, mental, emotional or learning disability)? <input type="checkbox"/> No. It doesn't seem connected to any of those categories. <input type="checkbox"/> Yes. List <b>each</b> protected status/category that you feel is relevant to the allegations made in this complaint:  _____ _____	10. To your knowledge and in relation to this complaint, <b>is anyone's health or safety in imminent danger</b> such that you believe <b>immediate</b> action is needed to alleviate that danger? <input type="checkbox"/> No. <input type="checkbox"/> Yes. Please identify WHO may be in danger and WHY:  _____ _____  Has anyone contacted law enforcement? <input type="checkbox"/> No. <input type="checkbox"/> Yes. Who?  _____
11. Please <b>sign and date</b> this form (for reports submitted by multiple people, please submit separate forms or add an additional signature page).	

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Your signature is your assurance that the information provided in/with this report is complete and accurate to the best of your knowledge. Intentionally providing false information is a serious violation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please Submit this Report DIRECTLY to the Building Principal, to a Guidance Counselor, or to a Teacher**

**Use this Space to Provide Any Additional Detail that You Wish to Provide**

### Lines below are for School District OFFICE USE ONLY

1. Identify the **name and title** of the person who received this form on behalf of the School District, and identify the **date of receipt**:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date of Receipt by the District

2. Identify the method of receipt:

Hand delivery

U.S. mail

Email

Inter-office mail

Other \_\_\_\_\_

3. By number, identify the items on this form (if any) which were blank or clearly incomplete at the time the form was initially filed with the District:

4. Identify the **supervisor(s) or administrator(s)** who have been notified of the District's receipt of this report as of the date of receipt:

5. Identify the **supervisor or administrator** who is assigned primary responsibility for ensuring this report is processed appropriately:

6. Other information the District wishes to document related to the receipt of this complaint:

**Legal References:**

**Cross References:**

**Adoption Date:** 9/24/2018