

Bullying / Harassment / Intimidation REPORTING FORM

This form is to be confidentially maintained in accordance with the Family Education Rights and Privacy Act (FERPA).

parent/guardian of a targeted stu	dent, a clos	se adult relative of a targeted student	, or a scho	ou are a student who has been targeted, ool staff member. Please complete this ator additional information or assistanc	form			
Please see attached Policy JICK	for definitio	on of Bullying, Harassment and Intimi	dation					
Today's Date://		School:						
Name of Person Reporting Incid	ent:							
Telephone:	Email:	Relationship to S	student _					
Are you (Check one): Student Parent/Guardian		Student Witness/Bystander Adult Relative	School Staff Member Other Adult					
Name(s) of Student Victim(s):	Grade	Name(s) of Alleged Offender(s):	Grade	Name(s) of Witness(es)/Bystander(s)	Grade			
1. On what date(s) did the incident(s) happen?//								
3. What best describes what happened? (Check all that apply): Any bullying, harassment, or intimidation that involves physical aggression Getting another person to hit or harm the student Teasing, name-calling, making critical remarks, or threatening, in person or by other means Demeaning and making the student the target of jokes Excluding or rejecting the student Spreading harmful rumors or gossip Making rude and/or threatening gestures Intimidating (bullying), extorting, or exploiting Electronic Communication (specify) Other (specify)								
4. Was there an adult around at the time of the incident?								
If so, who?								

2/26/19



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5. Include a brief description of what you experienced: (Specify your co incident, the participants, the background to the incident, and any attemprelevant dates, times, and places. Additional pages may be attached if r	ots you have made to solve the problem. Be sure to include all
6. Proposed Solution: (Indicate what you think can and should be done	to solve the problem. Be as specific as possible).
I certify this information is correct to the best of my knowledge.	
Signature of Complainant:	Date:/
Document received by:	Date:/
Investigating official:	Date:/



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* For Office Use Only *

Investigated Complaint	YES	□NO	Administrator Signature / Date				
Provided JI and JI-R Student Rights and Responsibilities	YES	□NO	Administrator Signature / Date				
Provided Conclusion Letter with Bullying Prevention Resources	YES	□NO	Administrator Signature / Date				
Entered In Infinite Campus Mandatory Reporting System	YES	□ NO	Administrator Signature / Date				
Part II. Investigation Findings							
What actions were taken to investigate this incident? (choose all that apply)							
☐ Interviewed alleged victim ☐ Interviewed alleged victim's parent/guardian ☐ Interviewed alleged offender(s) ☐ Interviewed alleged offender's parent/guardian ☐ Interviewed witnesses ☐ Examined physical evidence ☐ Witness statements collected in writing ☐ Conducted student record review ☐ Interviewed school health assistant ☐ Obtained copy of police report ☐ Reviewed any medical information available ☐ Other (specify) ☐ Interviewed teachers and/or school staff							
Part III– Resolution of Report and Investigation							
□ The foregoing incident(s) constitute bullying, harassment or intimidation. (<i>Infinite Campus Mandatory Reporting System</i> required). □ The foregoing incident(s) do not constitute bullying, harassment or intimidation. □ The evidence of bullying, harassment or intimidation is inconclusive.							
Disciplinary Action:							
Other Remedial Action:							

****Documentation related to reported bullying, harassment, or intimidation and subsequent investigations shall be maintained by the District for not less than six (6) years. (Policy JICK).