



Bullying / Harassment / Intimidation REPORTING FORM

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

Directions: Bullying, harassment or intimidation are serious and will not be tolerated. If you are a student who has been targeted, the parent/guardian of a targeted student, a close adult relative of a targeted student, or a school staff member. Please complete this form and return it to a school administrator at the student's school. Contact a school administrator additional information or assistance at any time.

Please see attached Policy JICK for definition of Bullying, Harassment and Intimidation

Today's Date: ___/___/___ School: _____

Name of Person Reporting Incident: _____

Telephone: _____ Email: _____ Relationship to Student _____

Are you (Check one): Student Student Witness/Bystander School Staff Member
 Parent/Guardian Adult Relative 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? ___/___/___ ___/___/___ ___/___/___

2. Where did the incident(s) happen? (Check all that apply):

Bus Cafeteria Classroom Hallway On School Property
 Restroom School Activity/Event To/From School Other (specify) _____

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? Yes No

If so, who? _____



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5. Include a brief description of what you experienced: (Specify your complaint by stating the problem as you see it. Describe the incident, the participants, the background to the incident, and any attempts you have made to solve the problem. *Be sure to include all relevant dates, times, and places.* Additional pages may be attached if necessary).

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	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Administrator Signature / Date
Provided JI and JI-R Student Rights and Responsibilities	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Administrator Signature / Date
Provided Conclusion Letter with Bullying Prevention Resources	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Administrator Signature / Date
Entered In <i>Infinite Campus Mandatory Reporting System</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Administrator Signature / Date

Part II. Investigation Findings

What actions were taken to investigate this incident? (choose all that apply)

- | | |
|---------------------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Interviewed alleged victim | <input type="checkbox"/> Interviewed alleged victim's parent/guardian |
| <input type="checkbox"/> Interviewed alleged offender(s) | <input type="checkbox"/> Interviewed alleged offender's parent/guardian |
| <input type="checkbox"/> Interviewed witnesses | <input type="checkbox"/> Examined physical evidence |
| <input type="checkbox"/> Witness statements collected in writing | <input type="checkbox"/> Conducted student record review |
| <input type="checkbox"/> Interviewed school health assistant | <input type="checkbox"/> Obtained copy of police report |
| <input type="checkbox"/> Reviewed any medical information available | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Interviewed teachers and/or school staff | |

Part III – Resolution of Report and Investigation

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- The foregoing incident(s) constitute bullying, harassment or intimidation. (*Infinite Campus Mandatory Reporting System* 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).