Secondary Level
Harassment, Intimidation and Bullying Incident Reporting Form

Name of reporting person (optional): ________________________  School: ________________________  Date: ___________

☐ Anonymous
Individuals may file a report without revealing their identity. No disciplinary action will be taken against an alleged aggressor based solely on an anonymous report. Possible responses to an anonymous report include enhanced monitoring of specific locations at certain times of day or increased monitoring of specific students or staff.

☐ Confidential
Individuals may ask that their identities be kept secret from the accused and other students. Like anonymous reports, no disciplinary action will be taken against an alleged aggressor based solely on a confidential report.

☐ Non-confidential
Complainants agreeing to make their complaint non-confidential will be informed that due process requirements may require that the district release all of the information that it has regarding the complaint to any individuals involved in the incident, but that even then, information will still be restricted to those with a need to know, both during and after the investigation. The district will, however, fully implement the anti-retaliation provision of this policy and procedure to protect complainants and witnesses.

Targeted person(s): _____________________________________________

Your email address (optional): ____________________________  Your phone number (optional): ______________________

Name of school adult you’ve already told (if any): ________________________

Name(s) of bullies (if known) or other identifiers (like physical description or class individual may have):

On what dates and times did the incident(s) happen (if known)? ____________________________

Where did the incident happen? Please choose all that apply.

☐ Classroom  ☐ Hallway  ☐ Restroom  ☐ Playground  ☐ Locker room
☐ Lunchroom  ☐ Sport field  ☐ Parking lot  ☐ School bus  ☐ School activity
☐ On the way to/from school  ☐ Off school property  ☐ Internet  ☐ Cell phone  ☐ Other: ______________________

Please check the box that best describes what the bully did. Please choose all that apply.

☐ Sharing inappropriate drawings/cartoons/photographs/images/notes.
☐ Cyber bullying (bullying by calling, texting, emailing, web posting, etc.)
☐ Spreading harmful rumors or gossip.
☐ Hitting, kicking, shoving, spitting, hair pulling or throwing something at the individual.
☐ Making unwelcomed sexual advances, requests for sexual favors, sexually motivated physical contact or other verbal or physical conduct of a sexual nature.
☐ Making rude, threatening and/or critical gestures or remarks.
☐ Getting another person to hit or harm the individual.
☐ Making the individual fearful, demanding money or exploiting.
☐ Putting the individual down and making the individual a target of jokes, teasing, or name calling.
☐ Excluding or rejecting the individual—motivated by race, color, religion, ancestry, national origin, cultural, gender, socio-economic status, sexual orientation including gender expression or identity, mental or physical disability or other distinguishing characteristics.

Other: ____________________________

Why do you think the harassment, intimidation or bullying occurred? ____________________________

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

Did a physical injury result from this incident? ☐ No  ☐ Yes. If yes, please describe: ____________________________

Was the target person absent from school as a result of the incident? ☐ No  ☐ Yes. If yes, please describe: ____________________________

Is there any additional information? ____________________________________________

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 ____________________________