

**HARASSMENT, DISCRIMINATION, BULLYING OR TEEN DATING VIOLENCE
REPORTING FORM**

**FOR USE BY STUDENTS, PARENTS, CERTIFIED AND NON-CERTIFIED
PERSONNEL AND OTHER COMPLAINANTS**

Today's Date: ___/___/___
Month Day Year

School: _____

PERSON REPORTING INCIDENT:	Name _____
Telephone: Day _____	
Evening _____	
Cell _____	E-mail: _____
Place an X in the appropriate box: <input type="checkbox"/> Student <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Close Adult Relative <input type="checkbox"/> Employee	

1. Name of victim: _____ Age: _____
(Please print)

2. Name(s) of alleged offender(s) (if known): (Please print)	Age	School/Dept. (if known)	Is he/she a student?	Employee?
_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

3. On what date(s) did the incident happen?
 ___/___/___ ___/___/___ ___/___/___
 Month Day Year Month Day Year Month Day Year

4. Where did the incident happen (choose all that apply)?

On school property At a school-sponsored activity or event off school property In the workplace

On a school bus On the way to/from school/work* Other (specify) _____

5. Place an X next to the statement(s) that best describes what happened (choose all that apply):

Hitting, kicking, shoving, spitting, hair pulling, or throwing something

Getting another person to hit or harm the individual

Teasing, name-calling, making critical remarks, or threatening, in person or by other means

Demeaning and making the victim of jokes

Making rude and/or threatening gestures

Excluding or rejecting the individual

Intimidating (bullying or teen dating violence), extorting, or exploiting

Spreading harmful rumors or gossip

Other (specify) _____

* Will be collected unless specifically excluded by local board policy

**HARASSMENT OR INTIMIDATION (BULLYING OR TEEN DATING VIOLENCE)
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6. What did the alleged offender(s) say or do? _____

(Attach a separate sheet if necessary)

7. Why did the harassment or intimidation (bullying or teen dating violence) occur? _____

(Attach a separate sheet if necessary)

8. Did a physical injury result from this incident? Place an X next to one of the following:

No Yes, but it did not require medical attention Yes, and it required medical attention

9. If there was a physical injury, do you think there will be permanent effects? Yes No

10. Was the victim absent from school/work as a result of the incident? Yes No

If yes, how many days was the victim absent from school/work as a result of the incident? _____

11. Did a psychological injury result from this incident? Place an X next to one of the following:

No Yes, but psychological services have not been sought Yes, and psychological services have been sought

12. Is there any additional information you would like to provide? _____

(Attach a separate sheet if necessary)

Signature: _____

Date: _____