

ECASD STUDENT BULLYING, DISCRIMINATION, AND/OR HARASSMENT REPORTING FORM

Please complete this form and give it to the school principal/designee within 24 hours of report.

Name of person who is completing this report:		Today's Date:																				
Name of person who is being victimized:	Grade	School:																				
Name of person who is engaging in bullying, discrimination and/or harassment:	Grade	School:																				
Date(s) Actions Occurred:																						
Type of Bullying, Discrimination or Harassment you believe occurred- (Check all that apply): <table style="width: 100%; margin-top: 10px;"> <tr> <td><input type="checkbox"/> Sex</td> <td><input type="checkbox"/> Religion</td> <td><input type="checkbox"/> Race</td> <td><input type="checkbox"/> Marital/Parental Status</td> </tr> <tr> <td><input type="checkbox"/> Color</td> <td><input type="checkbox"/> Creed</td> <td><input type="checkbox"/> Pregnancy</td> <td><input type="checkbox"/> Homelessness Status</td> </tr> <tr> <td><input type="checkbox"/> Ancestry</td> <td><input type="checkbox"/> Gender Identity</td> <td><input type="checkbox"/> Gender Expression</td> <td><input type="checkbox"/> Belief or Non-belief</td> </tr> <tr> <td><input type="checkbox"/> Age</td> <td><input type="checkbox"/> National Origin</td> <td><input type="checkbox"/> Disability</td> <td><input type="checkbox"/> Sexual Orientation</td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td></td> <td></td> <td></td> </tr> </table>			<input type="checkbox"/> Sex	<input type="checkbox"/> Religion	<input type="checkbox"/> Race	<input type="checkbox"/> Marital/Parental Status	<input type="checkbox"/> Color	<input type="checkbox"/> Creed	<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Homelessness Status	<input type="checkbox"/> Ancestry	<input type="checkbox"/> Gender Identity	<input type="checkbox"/> Gender Expression	<input type="checkbox"/> Belief or Non-belief	<input type="checkbox"/> Age	<input type="checkbox"/> National Origin	<input type="checkbox"/> Disability	<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Other			
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Describe exactly what happened. Please tell in detail WHO was involved, WHEN and WHERE the incident took place, and WHAT occurred.

Where did the incident occur?

When did the incident occur?

Who was involved in the incident(s) and what were their roles?

What happened right before the incident?

What happened right after the incident?

Was the incident intentional?

Has this or anything like this happened before? If so, how many times?

Did any physical or emotional harm occur?

Why do you think this incident occurred?

Who else saw what happened?

Who else has been told about this concern (students, teachers, principal, parents, minister, etc.)? Please list their names:

Are there immediate needs? If so, what are they?

Signature of person making the report: _____

Signature of the person completing the report (if different than the person making the report): _____