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:  Click or tap here to enter text. | | Today’s Date:  Click or tap here to enter text. |
| Name of person(s) who is being victimized:  Click or tap here to enter text. | Grade  Enter Grade | School:  Click or tap here to enter text. |
| Name of person(s) who is alleged to be engaging in bullying, discrimination and/or harassment:  Click or tap here to enter text. | Grade  Enter Grade | School:  Click or tap here to enter text. |
| Date(s) Actions Occurred:  Click or tap here to enter text. | | |
| Type of Bullying, Discrimination or Harassment you believe occurred - (**Check all that apply)**:  Sex  Religion  Race  Marital/Parental Status  Color  Creed  Pregnancy  Homelessness Status  Ancestry  Gender Identity  Gender Expression  Belief/Non-Belief  Age  National Origin  Disability  Sexual Orientation  Other (please specify): Click or tap here to enter text. | | |

**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?

Click or tap here to enter text.

When did the incident occur?

Click or tap here to enter text.

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

Click or tap here to enter text.

What happened right before the incident?

Click or tap here to enter text.

What happened right after the incident?

Click or tap here to enter text.

Was the incident intentional?

Click or tap here to enter text.

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

Click or tap here to enter text.

Did any physical or emotional harm occur?

Click or tap here to enter text.

Why do you think this incident occurred?

Click or tap here to enter text.

Who else saw what happened?

Click or tap here to enter text.

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

Click or tap here to enter text.

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

Click or tap here to enter text.

Are there any additional details about the incident that will help inform our response or information gathering process?

Click or tap here to enter text.

Signature of person making the report: Click or tap here to enter signature.

Signature of the person completing the report (if different than the person making the report): Click or tap here to enter signature.