



ROME CITY SCHOOLS

Revised: 07/2021

Bullying/Harassment/Discrimination/Retaliation Report Form

IF THIS IS AN EMERGENCY REQUIRING IMMEDIATE ASSISTANCE, PLEASE CALL 911

Online reporting available at <https://www.rcs.rome.ga.us/Domain/1179>

REPORTING PERSON'S INFORMATION

****If you wish to remain anonymous, do not fill in your name/phone/email. However, anyone who makes a report is protected against retaliation.*

Name of Reporting Person: _____ Date: _____

Your Telephone: _____ - _____ - _____ Your Email: _____

Your relation to the school district: ☐ Student ☐ Parent/Guardian ☐ Employee ☐ Bystander ☐ Other _____

Name of school adult you have already contacted (if any): _____

Does the Victim know you are submitting this Report? ☐ Yes ☐ No Does the Offender know? ☐ Yes ☐ No

VICTIM'S INFORMATION

Name: _____ School: _____

If /victim is a student: Grade: _____ Age: _____ Gender: _____ School ID #: _____

If victim is an adult: ☐ School Employee ☐ Volunteer ☐ Parent/Guardian ☐ Other _____

ALLEGED OFFENDER(S) INFORMATION

Offender #1's Name: _____ School: _____

Offender #1 is a: ☐ Student ☐ Parent/Guardian ☐ School Employee ☐ Volunteer ☐ Other _____

Offender #2's Name: _____ School: _____

Offender #2 is a: ☐ Student ☐ Parent/Guardian ☐ School Employee ☐ Volunteer ☐ Other _____

When did the incident(s) happen? _____

Where did the incident(s) happen (e.g. class, playground, internet, bus, etc.): _____

Describe what the offender(s) did: _____

Why do you think the bullying, harassment, discrimination, or retaliation occurred? _____

Please name any witnesses: _____

Please describe any physical injuries that the victim has received as a result of this incident: _____

Has the alleged victim been bullied, harassed, or discriminated against on previous occasions? _____

Is there any additional information? _____

OFFICE USE ONLY

Received by: _____ Date Received: _____

Confirm Copy

Given to Reporting Person: ☐