# Elementary Level Harassment, Intimidation and Bullying Incident Reporting Form

3207F

Name of reporting person (optional): _____ ☐ I don't want to share my name Today's date: _____

My school: _____ Your email address (optional): _____ Your phone number (optional): _____

Name of the student who was bullied, harassed or intimidated: _____

If you told an adult at your school what happened, please give us the name of that person: _____

If you know the bullies, please tell us the name(s) or their physical description (hair color, eye color, how tall, boy or girl, grade, or what teacher do they have):

_____

If you know on what dates and times the incident(s) happened, please tell us: _____

Please check the boxes that relate to the incident:

| Where did the incident happen? | | What happened during the incident? | | Was anybody physically hurt? |
|---|---|---|---|---|
| ☐ Classroom | ☐ School bus | ☐ Taunting, cruelty | ☐ Threats using gestures or remarks | ☐ No |
| ☐ Hallway | ☐ School activity | ☐ Teasing, name calling | ☐ Share inappropriate images/notes | ☐ Yes, medical attention NOT required |
| ☐ Restroom | ☐ On the way to/from school | ☐ Intimidation, humiliation | ☐ Harmful physical contact | ☐ Yes, medical attention required |
| ☐ Playground | ☐ Off school property | ☐ Retaliation | ☐ Sexual comments or contact | Please explain: _____ |
| ☐ Locker room | ☐ Internet/Social media | ☐ Harmful rumors or gossip | ☐ Use others to harm a student | |
| ☐ Lunchroom | ☐ Cell phone | ☐ Exclusion, rejection | ☐ Demanding money from a student | |
| ☐ Sport field | ☐ Other: _____ | ☐ Cyber bullying | ☐ Take advantage of a student | |
| ☐ Parking lot | | ☐ Other: _____ | | |

**Was the student absent from school because of what happened?** ☐ No ☐ Yes. Number of days the student was absent: _____

Describe what happened: _____

Were there any witnesses? ☐ No ☐ Yes. If yes, please give us their names: _____

What is your desired resolution or outcome? _____

**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_____