



Blue Creek School Harassment/Intimidation/Bullying/Hazing Incident Reporting Form

3652 Blue Creek Road • Billings, MT 59101 Ph: 406-259-0653 • Fax: 406-259-9378

Name of School:

Date:

(If you feel uncomfortable leaving your name, you may submit an anonymous report, but please understand that an anonymous report will be much more difficult to investigate. We assure you that we'll use our best efforts to keep your report confidential.)

Reporting Person Information

Name:

Telephone:

Email:

I am a(n): student staff member parent/guardian
 administrator self-reporting other:

Name of target:

Name of aggressor (please describe if not known):

Grade:

Date/time of incident:

Where did the incident occur?

classroom lunchroom playground/recess bathroom
 at a school sponsored activity or event off school property on the way to/from school
 electronic

Check all that describes the incident:

Physical (pushing, shoving, hitting, fighting, kicking, throwing items, etc.)
 Emotional (name calling, insults, teasing, verbal threats, staring/leering, etc.)
 Social (rumors, exclusion, embarrassment, graffiti, jokes, gestures, etc.)
 Sexual (inappropriate comments/touching, sexual orientation references, etc.)
 Cyber (threatening or harassing texts/I-M's/calls, defamatory posts/e-mails, etc.)
 Property (vandalism, theft, demanding money, exploiting, or fear of such, etc.)
 Other (please describe)

Please describe the incident:



Blue Creek School Harassment/Intimidation/Bullying/Hazing Incident Reporting Form

3652 Blue Creek Road • Billings, MT 59101 Ph: 406-259-0653 • Fax: 406-259-9378

Physical Evidence: Graffiti E-mail Photo/Video Website
 Notes Other

Other students involved (please circle whether witness, bystander, or target):

Name:	Grade:	witness	bystander	target
Name:	Grade:	witness	bystander	target

Is this a repeated offense?

No, this is a one-time incident

Yes, date and description of incident(s):

Have you ever reported this information before? To whom: _____ Date: _____

Did a physical injury result from this incident?

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

Was the student/target absent from school as a result of the incident? No Yes, _____ days

Have you contacted law enforcement? No Yes: Officer Name: _____
Agency: _____ Date: _____

Is there any additional information you would like to provide?

I understand the serious nature of this report and I agree that all of the information is accurate and true to the best of my knowledge.

Signature of Reporting Person _____ Date _____

Signature of Parent/Legal Guardian _____ Date _____

Please print name(s):

***Please note: anyone who files a report he/she knows to be false will be held responsible and may be reported to an appropriate law enforcement agency.

Thank you for reporting!

For administrative use

Date received: _____ Received by: _____

Investigation assigned to: _____

Title: _____ Date: _____