**Elementary Level Harassment, Intimidation and Bullying Incident Reporting Form**

Name of reporting person (optional): My school:

* I don’t want to share my name Today’s date:

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 Hallway Restroom Playground Locker room Lunchroom Sport field

School bus School activity

On the way to/from school Off school property Internet/Social media

Cell phone Other:

Taunting, cruelty Teasing, name calling Intimidation, humiliation Retaliation

Harmful rumors or gossip Exclusion, rejection Cyber bullying

Threats using gestures or remarks Share inappropriate images/notes Harmful physical contact

Sexual comments or contact Use others to harm a student

Demanding money from a student Take advantage of a student

No

Yes, medical attention NOT required Yes, medical attention required

Please explain:

|  |
| --- |
|  |
|  |
|  |
|  |

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