Bully/Harassment Report

School Name: _____ Today's Date: _____

DATE OF INCIDENT	TIME	PLACE
_____/_____/_____ mm dd yyyy	❑ School hours ❑ Non-school hours	❑ On campus ❑ Off campus – school event ❑ On school bus ❑ Off campus – non-school event ❑ Directly to & from school

INCIDENT	TYPE
Type of Conduct (check all that apply) ❑ cyberbullying ❑ verbal conduct – slurs, threats, etc. ❑ written conduct – notes, letters, etc. ❑ visual conduct – body language, gestures, intimidation, etc. ❑ physical conduct – assault, battery, etc. ❑ sexual assault – unwelcome touching, rape, etc. ❑ unwelcome sexual advances ❑ other: _____	**Type of Harassment** (check all that apply) ❑ race or ethnicity ❑ sex ❑ sexual orientation ❑ disability ❑ religion or creed ❑ national origin or ancestry ❑ pregnancy or marital status ❑ parental status ❑ other: _____

SUSPECT(S)

Suspect No. 1	Suspect No. 2	Suspect No. 3
❑ Student at this school ❑ Employee of this school ❑ Other Name: _____	❑ Student at this school ❑ Employee of this school ❑ Other Name: _____	❑ Student at this school ❑ Employee of this school ❑ Other Name: _____

Target	Witness(es)/Bystanders	Resolution
Name: _____ Grade: _____ Gender: _____ Ethnicity: _____ ❑ Student at this school ❑ Employee of this school ❑ Other	Name: _____ Name: _____ Name: _____ Name: _____	Please check one: ❑ Informal ❑ Formal ❑ Complaint dropped ❑ Other: _____ _____

Name of Target: _____ **Birth Date:** _____

I certify that the information on this report is true and correct to the best of my knowledge.

_____

Signature of person filling out form *print name* *phone no.*

_____

Signature of Administrator *print name* *phone no.*