Intimidation and Bullying Incident Report Form

In an effort to minimize antisocial behaviors in the school environment, the RCBOE has created a process whereby a student, parent, guardian, or bystander may report instances of bullying to the school administrator for further review and investigation. Upon completion of this reporting form, please submit the form to an administrator, counselor, or teacher. All reported incidents of bullying may be investigated, and when necessary, school administrators apply appropriate disciplinary consequences.

**Intimidation** means a threat or other action that is intended to cause fear or apprehension in a student, especially for the purpose of coercing or deterring the student from participating in or taking advantage of any school program, benefit, activity or opportunity for which the student is or would be eligible.

**Bullying** means a continuous pattern of intentional behavior that takes place on school property, on a school bus, or at a school-sponsored function including, but not limited to, cyberbullying or written, electronic, verbal, or physical actions that are reasonably perceived as being motivated by any characteristic of a student, or by the association of a student with an individual who has a particular characteristic.

**Reporter Information:**

Have you submitted a harassment report form previously?

- Yes
- No

Have you contacted an adult regarding this issue?

- Yes
- No

Reporter’s Name (optional): ________________________________

School Name: __________________________________________

You are:

- Student
- Parent/Guardian
- School Staff
- Other (please specify) __________________________

If you would like someone to contact you, please provide your phone number: ________________

**Incident Information:**

Date of Incident: ____________________ Time of Incident: ____________________

Name of the victim: __________________________________________

Name of the alleged aggressor: __________________________________

Are there any additional witnesses to the alleged event?

- Yes
- No
- Unsure

If yes, please provide names and grade level information. If you are not sure of the names, please
describe him/her/them.
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Location of Incident:

- School Campus (specify campus): 
- School Event (specify event and location): 
- School Bus (specify bus number): 
- Electronic Device (possible screenshots to accompany this form is helpful) 
- Other (please specify) 

Type of Bullying (please check all that apply):

- Moderate physical contact (shoving, pushing, snatching personal property, etc.)
- Severe physical contact (hitting, punching, kicking, spitting, etc.)
- Stalking either in person or online
- Teasing/name calling/demeaning jokes
- Verbal intimidation
- Inappropriate gesturing
- Theft
- Exclusion/rejection
- Destruction of property
- Sexual contact
- Verbal harassment
- Spreading rumors
- Threats
- Electronic communication (texts, sexts, email, etc.)
- Public humiliation/ridicule
- Cyberbullying/cyber bullying/trolling

This behavior is:

- Related to student's perceived sexual orientation or gender identity
- Related to student's religious beliefs
- Related to student's racial or cultural background
- Related to student's disability
- Other: 
- None of the above descriptions apply to this situation

Please describe this incident and include as many details as possible (attach additional pages, screenshots, photos, letters, texts, etc.):

__________________________________________________________________________
__________________________________________________________________________

Did a physical injury occur from this incident?

- No
- Yes, but it did not require medical attention
- Yes, and it required medical attention (specify): 

Did the victim miss school due to the incident?

- Yes, if yes, how many days was the student absent as a result of the incident? 
- No
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Is there any additional information that you would like to provide?

________________________________________________________________________
________________________________________________________________________

I certify that there is no falsification of the above information and events are accurately depicted to the best of my knowledge.

_____________________________________________  _________________________
Signature of Reporter                        Date

For Office Use Only:

Date Submitted:__________  Person Receiving Report: _______________________________

Investigated by:_________________________  Position:______________________________

Final report of investigation of bullying complaint by_________________________ against
________________________________________, alleged offender

In my/our investigation of the complaint, it is found (check appropriate response):

  □ Found grounds to substantiate the allegations
  □ Did not find grounds to substantiate the allegations
  □ Did not find enough information to make a judgement on the allegations

Summary of investigation, findings, and disciplinary action:

________________________________________________________________________
________________________________________________________________________

Victim Parent/Guardian contacted

  □ Yes     Date:______________     □ No

Aggressor Parent/Guardian contacted

  □ Yes     Date:______________     □ No

_____________________________________________  _________________________
Signature of Investigator                        Date

Signature of Principal (if not investigator)     Date