

HARASSMENT, INTIMIDATION OR BULLYING INCIDENT REPORTING FORM

Targeted Student: _____ **Report Date:** _____

Program Attended: _____ **Grade:** _____

CONTACT INFORMATION	
Reporting Person: Anonymous? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please provide name and contact information:	
Relationship to Targeted Student:	
Email Address:	Phone:

ALLEGED INCIDENT		
Date:	Time:	Location (check all that apply):
Witnesses:		<input type="checkbox"/> Classroom
		<input type="checkbox"/> Locker room
		<input type="checkbox"/> Parking Lot
		<input type="checkbox"/> Hallway
		<input type="checkbox"/> Sport field
		<input type="checkbox"/> Bus
		<input type="checkbox"/> Restroom
		<input type="checkbox"/> During supervised activity
		<input type="checkbox"/> Playground
		<input type="checkbox"/> On program property
		<input type="checkbox"/> Internet
		<input type="checkbox"/> On way to/from program site
		<input type="checkbox"/> Cell phone
		<input type="checkbox"/> Other (please describe)

Person(s) Responsible for Alleged Harassment, Intimidation, Bullying:

Incident Description – Please check all of the boxes that describe what happened:

- Hitting, kicking, shoving, spitting, hair pulling or throwing something at the student
- Getting another person to hit or harm the student
- Teasing, name calling, making critical remarks or threatening in person, by phone, by email, etc.
- Putting the student down and making the student a target of jokes
- Making rude and/or threatening gestures
- Excluding or rejecting the student
- Making the student fearful, demanding money or exploiting
- Spreading harmful rumors or gossip
- Cyber bullying (bullying by calling, texting, emailing, web posting, etc.)
- Other (please describe – if, needed, use additional paper):

Why do you think the incident occurred?

RESULTS OF INCIDENT:

Did a physical injury result from the incident? Yes No If yes, please describe:

Was the targeted student absent from school as a result of the incident? Yes No

If yes, please describe reason and duration:

Other results? Please describe:

SUGGESTED REMEDY:

Please describe any corrective action you wish to see taken with regard to the incident:

ADDITIONAL AUTHORITIES CONTACTED:

Please provide any additional authorities contacted regarding this incident including dates of contact (Examples: school employee, parent, law enforcement agency, attorney, child protective services):

OTHER INFORMATION

Please provide any other information relevant to the incident:

Complainant:

Signature

Date

-----For Office Use -----

Person Receiving Reporting Form:

_____/_____/_____
Signature Title Date

PARENT/GUARDIAN/OTHER CONTACTED:

Please describe who, when, how:

RESOLUTION:

Resolved Unresolved Please explain how and when resolution was determined:

Remitted to NWESD 189 Compliance Officer:

Name: _____ / Date: _____

Presented to Board: 10/24/12