

Attachment 1

BULLYING, HARASSMENT, OR INTIMIDATION REPORTING FORM**Directions:**

The Bullying, Harassment or Intimidation Reporting Form should be used to report alleged incidents of bullying, harassment, or intimidation that occurred during the current school year on school property, at a school-sponsored activity or event off school property, on a school bus, on the way to and/or from school, or through electronic communication on or off school property. School staff will address incidents that occur at school or have a connection or nexus back to the school setting that create a risk of harm to other students while they are at school or interfere with the educational environment.

If you are a student, the parent/guardian or caregiver of a student, a close adult relative of a student, a school staff member, or a bystander and wish to report an incident of alleged bullying, cyberbullying, harassment, or intimidation, please complete this form and return it to the school principal.

You may contact the school for additional information or assistance at any time. (Bullying, cyberbullying, harassment, and intimidation definitions are provided below.)

Definitions:

Bullying*– is unwanted, demeaning behavior among students that involves a real or perceived power imbalance. The behavior is repeated, or is highly likely to be repeated, over time. In order to be considered bullying, the behavior must be intentional and include: 1) *An imbalance of power* (students who bully use their physical, emotional, social, or academic power to control, exclude, or harm others), and 2) *Repetition* (bullying behaviors happen more than once or are highly likely to be repeated based on evidence gathered).

Cyberbullying*– is bullying that takes place over digital devices like cell phones, computers, and tablets. Cyberbullying can occur through texting, apps, or online via social media, forums, or gaming where people can view, participate in, or share content. Cyberbullying includes sending, posting, or sharing negative, harmful, false, or hurtful content about another student. It can include sharing personal or private information about someone else causing embarrassment or humiliation.

Harassment – includes actual or perceived negative actions that offend, ridicule, or demean another student with regard to race, ethnicity, national origin, immigration status, family/parental or marital status, sex, sexual orientation, gender identity, gender expression, religion, ancestry, physical attributes, socioeconomic status, physical or mental ability, or disability.

Intimidation – is any communication or action directed against another student that threatens or induces a sense of fear and/or inferiority. Retaliation may be considered a form of intimidation.

BULLYING, HARASSMENT, OR INTIMIDATION REPORTING FORM

(PLEASE PRINT ALL INFORMATION)

Today's date: _____ / _____ / _____ School: _____
Month Day Year

| | |
|---|---------------|
| PERSON REPORTING INCIDENT | Name: _____ |
| Telephone: _____ | E-mail: _____ |
| Place an X in the appropriate box: <input type="checkbox"/> Student <input type="checkbox"/> Parent/guardian/caregiver of a student <input type="checkbox"/> Close adult relative of a student | |
| <input type="checkbox"/> School staff <input type="checkbox"/> Bystander | |

1. Alleged Targeted Student(s)

| Name: | Age: | Days absent as a result of the incident: (if known) |
|-------|------|---|
| | | |
| | | |
| | | |

2. Alleged Witness(es) (if known)

| Name | School: (if known) | Age: (if known) | Student: (Y/N) | Days absent as a result of the incident: (if known) |
|------|--------------------|-----------------|----------------|---|
| | | | | |
| | | | | |
| | | | | |

3. Alleged Offender(s) (if known)

| Name | School: (if known) | Age: (if known) | Student: (Y/N) | Days absent as a result of the incident: (if known) |
|------|--------------------|-----------------|----------------|---|
| | | | | |
| | | | | |
| | | | | |

4. On what date(s) did the incident(s) happen?

_____ / _____ / _____ _____ / _____ / _____ _____ / _____ / _____
Month Day Year Month Day Year Month Day Year

5. Place an X next to the statement(s) that best describes what happened (choose all that apply):

- Any bullying, harassment, or intimidation that involves physical aggression
- Cyberbullying (social media, text messages, etc.)
- Getting another person to hit or harm the student
- Teasing, name-calling, making critical remarks, or threatening the student, in person or by other means
- Demeaning or making the student the victim of jokes
- Making rude and/or threatening gestures
- Excluding or rejecting the student
- Intimidating, extorting, exploiting the student
- Actions/comments related to the student's disability
- Other: (Please Specify) _____
- Actions/comments related to the student's academic performance
- Actions/comments related to the student's perceived sexual orientation
- Actions/comments related to the student's physical appearance
- Gang related/gang recruitment
- Human trafficking/prostitution recruitment
- Gender identity harassment
- Racial/ethnic harassment
- Sexual harassment
- Actions/comments of a sexual nature
- An act or threat of retaliation
- Spreading hurtful rumors or gossip

6. Where did the incident happen? (Place an X next to the statement(s); choose all that apply)

- On school property (please specify location) _____
- On the way to/from school*
- On a school bus
- Off school property or at a school-sponsored activity or event
- Digital device on school property Digital device off school property During virtual learning
- Other (please specify): _____

*Will be collected unless specifically excluded by local board policy

7. Describe the incident(s), including what the alleged offender(s) said or did.

8. Why do you think the bullying, cyberbullying, harassment, and/or intimidation occurred?

9. Did a physical injury result from this incident? Place an X next to one of the following:

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

10. If there was a physical injury, do you think there will be permanent effects? Yes No

11. Was the student victim absent from school as a result of the incident? Yes No

If yes, how many days was the student victim absent from school as a result of the incident? _____

12. Did a psychological injury result from this incident? Place an X next to one of the following:

- No Yes, but psychological services have not been sought Yes, and psychological services have been sought

13. Is there any additional information you would like to provide?

Signature: _____ **Date:** _____

Attachment 2

BULLYING, HARASSMENT OR INTIMIDATION INVESTIGATION FORM

Directions: *The Bullying, Harassment or Intimidation Investigation Form* is a tool for school administration or an administrative designee to investigate reports of bullying, harassment or intimidation that have been documented on a *Bullying, Harassment or Intimidation Form*. School administration or an administrative designee are to utilize the *Bullying, Harassment, or Intimidation Investigation Form* to promptly and appropriately investigate reports of bullying, harassment or intimidation consistent with due process rights, within two school days after receipt of a reporting form or as timely as possible for school administration or administrative designee.

School Personnel Completing Form: _____ Position: _____

Today's date: _____ / _____ / _____ School: _____
 Mon Day Year

| | |
|---|---------------|
| Person Reporting Incident (From reporting form) | |
| Name: _____ | |
| Phone: _____ | E-mail: _____ |
| Place an X in the appropriate box: | |
| <input type="checkbox"/> Student <input type="checkbox"/> Parent/Caregiver <input type="checkbox"/> Close adult relative <input type="checkbox"/> School Staff <input type="checkbox"/> Bystander | |

1. Alleged Targeted student(s)

| Name | Age | IEP Y/N | Days absent as a result of the incident: |
|------|-----|---------|--|
| | | | |
| | | | |
| | | | |

2. Alleged Witnesses

| Name | Age: (if known) |
|------|-----------------|
| | |
| | |
| | |

3. Alleged Offender(s)

| Name | Age:(if known) | School (if known) | Student Y/N | IEP Y/N | Days absent as a result of the incident: |
|------|----------------|-------------------|-------------|---------|--|
| | | | | | |
| | | | | | |
| | | | | | |

4. Investigative Actions:

a. Interviews Conducted (check all that apply):

- Person Reporting Alleged Incident Alleged Targeted student Alleged Offender Alleged Witnesses
 School Nurse SRO/Law Enforcement Alleged Targeted student's parent/caregiver Alleged Offender's parent/caregiver
 School Staff Previously Investigated and Documented Date ___/___/___
Month Day Year

Other (specify) _____

b. Relevant Documentation/Evidence Collected/Reviewed (check all that apply):

- Witness Statements Law Enforcement Documentation Medical Records Social Media Sites Video Evidence Conducted student record review Other (specify) _____

5. Alleged motive as to why the harassment, intimidation, or bullying occurred (choose all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Because of race/ethnicity | <input type="checkbox"/> Because of sexual orientation | <input type="checkbox"/> Gang related/Gang recruitment |
| <input type="checkbox"/> Because of national origin | <input type="checkbox"/> Because of gender expression | <input type="checkbox"/> Human trafficking/Prostitution recruitment |
| <input type="checkbox"/> Because of religion | <input type="checkbox"/> Because of gender identity | <input type="checkbox"/> Because of another reason (specify) _____ |
| <input type="checkbox"/> Because of sex | <input type="checkbox"/> Because of disability | <input type="checkbox"/> The reason is unknown |
| <input type="checkbox"/> Because of immigration status | <input type="checkbox"/> Because of physical appearance | <input type="checkbox"/> Determined not to be Bullying |
| <input type="checkbox"/> Because of family/parental or marital status | <input type="checkbox"/> To impress others | <input type="checkbox"/> Determined not to be Harassment |
| <input type="checkbox"/> Because of socio-economic status | <input type="checkbox"/> Just to be mean | <input type="checkbox"/> Determined not to be Intimidation |
| | <input type="checkbox"/> Retaliation | |

6. Where was the incident reported to have happened (choose all that apply)

- On School Property: School Cafeteria Classroom Media Center Office Area Hallway/Stairs/Transitions
 Playground/Campus School Sponsored After School Program Lavatory Locker room/Gym
- On the way to/from school
- On a school bus
- Off school property or at a school-sponsored activity or event Digital Device on School Property
- Digital Device Off School Property Digital Device During Virtual Learning Other: _____

7. Outcome of the Investigation

- It was determined that an incident(s) of bullying, harassment or intimidation has occurred and the appropriate consequences, interventions and supports have been applied based on local school system policies and procedures.
- It was determined **not** to be bullying, harassment or intimidation due to a lack of a preponderance of evidence.
- This has been identified as a false allegation.
- The alleged incident could not be verified as bullying, harassment or intimidation.
- Determined as a conflict or other inappropriate behavior, and did not rise to the level of bullying, harassment or intimidation.

8. Interventions/Supports for Offender(s) (choose all that apply)

- Administrative Conference with student
- Restorative Approach
- Referral to School Counselor or Student Support Team
- Parent-outreach (phone call, email, text message)
- Student/Parent conference
- Detention
- In-school suspension
- Out-of-school suspension

- Behavior contract
- Alternative placement/setting
- Community Service
- Separation from other student to include transfer or change in schedule
- Referral to Law Enforcement
- Consult with IEP Chair
- Other (specify) _____

9. Interventions/Supports for Targeted Student(s) (choose all that apply)

- Plan of Support to include a "go to" adult in the school
- Student/Parent conference
- Referral to Counselor or Therapist
- Parent-outreach (phone call, email, text message)

- School Counseling Supports
- Developed template for safety plan
- Consult with IEP Chair
- Other (specify) _____

10. Did a physical injury result from this incident? Place an X next to one of the following:

- None observed
- Injury observed
- Medical documentation provided

11. Was the student victim absent from school as a result of the incident? Yes No

If yes, how many days was the student victim absent from school as a result of the incident? _____

Signature: _____ Date: _____
(School Administrator or Designee) Month Day Year

Additional Notes: (Please attach any relevant notes or documentation related to the investigation.)

Empty box for additional notes.