

Directions: In accordance with the provisions of Act 755 of the 2010 Legislative Session, this form is to be used to document the details of each reported incident of harassment, intimidation, and bullying that occurred on school property; at a school-sponsored activity or event off school property; on a school bus; or on the way to and/or from school. It also is to be used to address cyberbullying.

Date of Report _____ Date of Incident _____ Time of Incident _____
 School Name _____ District Name _____
 Name of Student Target (Victim) _____ Age _____ Grade _____
 Ethnic Origin of Victim _____ Male Female

Name(s) of Alleged Perpetrator(s)	Age	Male	Female	Ethnic origin

Indicate Type of Incident: Harassment Intimidation Bullying Cyberbullying

Check all items below that apply:

Verbal		Physical	
Name-calling		Kicking	
Taunting/ridiculing		Hitting/punching	
Mocking		Pushing	
Making offensive comments		Pinching	
Teasing		Stalking	
Demeaning comments		Inappropriate touching	
Other (please state)		Other (please state)	
Emotional		Electronic Aggression (Cyberbullying)	
Offensive graffiti		Offensive text messages	
Excluding from group		Offensive e-mails	
Spreading rumors		Sending degrading images	
Being forced to do something against his/her will		Posting rumors or lies about someone	
Taking possessions/money		Assuming a person's electronic identity with the intent of causing harm	
Other (please state)		Other (please state)	

Where did the incident happen (choose all that apply)?

- Classroom
- Restroom
- On the way to/from school
- At a school sponsored activity or event off school property
- Other (Please Specify) _____
- Lunchroom
- Hallway
- Playground
- School Bus
- Bus Stop
- Internet
- Locker Room/Area
- Parking Lot
- Cell Phone

Were there any witnesses? Yes No

If yes, please provide their names _____

Physical evidence, if available

Graffiti _____

Notes _____

E-mail _____

Websites _____

Video/Audio Tape _____

Other _____

If you feel the incident was in any way motivated by any of the following please indicate by checking where appropriate. Appearance Disability Home Circumstances Gender Race/Ethnic Origin Medical Condition Religion Sexual Orientation Other (Please Specify) _____**Is there any other relevant information that you would like to provide?**

Action taken:

Non-disciplinary Interventions		Disciplinary Interventions	
Student counseling		Temporary removal from the classroom	
Parent conference		Denial of privileges	
		Detention	
		Referral to disciplinarian	
		In-school suspension	
		Out-of-school suspension	
		Expulsion	
		Legal action	

Have you had contact with the victim's parent/guardian?

 Yes No

Have you had contact with the perpetrator's parent/guardian?

 Yes No

Have you reported this incident to any other agencies?

 Yes No

If 'yes' which agencies?

Name of the Person Filing Report

Title

Signature of Person Filing Report

Date