

Name	Age	School (if different)	Is he/she a student?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Names of witness(es) (if known):

4. On what date(s) did the incident 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):

- | | |
|---|--|
| <input type="checkbox"/> Hitting, kicking, shoving, spitting, hair pulling, or throwing something | <input type="checkbox"/> Intentional damage to personal property |
| <input type="checkbox"/> Getting another person to hit or harm the student | <input type="checkbox"/> Electronic Communication (Specify) |
| <input type="checkbox"/> Teasing, name-calling, making critical remarks | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Demeaning language | <input type="checkbox"/> Spreading harmful rumors or gossip |
| <input type="checkbox"/> Making rude and/or threatening gestures | |
| <input type="checkbox"/> Excluding or rejecting the student | |
| <input type="checkbox"/> Threats, extortion or exploitation | |

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

- On school property
 Location (e.g. classroom, playground)
- At a school-sponsored activity or event off school property
- On a school bus
- On the way to/from school
- Online
- Other (Specify): _____

7. What did the alleged offender(s) say or do?

8. Do you know why the bullying, harassment or intimidation occurred?

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

Reporter's Name: _____

Signature: _____ Date: _____

Adult assisting, if any: _____

