



Harassment, Intimidation, Bullying Report Form

Today's date ____/____/____

Person Reporting Incident:: _____

Place an X in the appropriate box: Teacher Parent Student Staff Member

Name of Student Victim(s): _____ Grade: _____

_____ Grade: _____

Name of Alleged Offender(s): _____ Grade: _____

_____ Grade: _____

Name of Witness(es) if known: _____ Grade: _____

_____ Grade: _____

On what date(s) did the incident(s) happen? ____/____/____ ____/____/____ ____/____/____

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

On school property School- sponsored activity School bus On way to/from school Other

If "Other" please explain: _____

Please describe the incident (including any specific details): _____

** Please return to Mrs. Doherty, School Counselor/Anti-Bullying Specialist*