Opp City Schools

Harassment, Intimidation & Bullying
Incident Report Form

Instructions: Harassment, intimidation and bullying are serious offenses and will not be tolerated. If you have been a witness to or suspect a bullying offense, please complete the form below and return it to the principal's office at your school or to the district office. This form may be completed anonymously but no disciplinary action will be taken based solely on the basis of an anonymous report or phone call.

Today's Date: _____ Name of Targeted Student: _____

Age: _____ Grade: _____ Student #: _____

Name of School: _____

Person Reporting Incident: _____ ☐ I prefer to remain anonymous

Relationship to Targeted Student: ☐ Self ☐ Witness/Bystander ☐ Parent/Guardian
☐ School Staff ☐ Close Adult Relative ☐ Other:_____

Name(s) of Bullies, if known:	Student		Name(s) of Witnesses/Bystanders, if known:	Student	
	Yes	No		Yes	No

Date(s) of Incident(s): _____

School adults already contacted:_____

	Yes	No	Unknown
Is this an ongoing issue?			
Have you witnessed the accused bully exhibit bullying/harassing behavior toward you, the targeted student or other students before? If yes, how many times? _____			
Was a report filed for the previous times? If yes, when: _____			

Where did this incident occur? (Check all that apply.)

At School
☐ Classroom
☐ Cafeteria
☐ Locker Room
☐ Hallway or Lockers
☐ Restroom
☐ Other (describe): _____

On School Property
☐ School Club/Activity
☐ Parking Lot
☐ Grounds/Common Areas
☐ Sport Field
☐ Gym

Off School Property
☐ School-Sponsored Activity
☐ School Bus/Bus Stop
☐ Way to/from School
☐ Internet/Social Media
☐ Cell Phone/Text

Please check the statement below that best describes what happened. (Check all that apply.)

☐ Physical violence (hitting, kicking, shoving, etc.)   ☐ Social exclusion/rejection
☐ Getting another person to harm the targeted student   ☐ Theft/damaged possessions
☐ Threats/intimidation   ☐ Stalking/ongoing harassment
☐ Teasing/name calling/critical remarks   ☐ Public humiliation
☐ Demeaning and making student a target of jokes   ☐ Make fearful, demand money/exploiting
☐ Rude or threatening gestures   ☐ Racial comments
☐ Spreading lies/rumors/gossip   ☐ Sexual comments
☐ Electronic communication or "Cyber Bullying" (describe): _____
☐ Other: _____

Please describe what happened in your own words, including what the alleged offender(s) said or did (attach a separate sheet, if needed):

Why do you think the incident(s) happened? (attach a separate sheet, if needed):

	Yes	No	Unknown
Did physical injury result from this incident?			
If yes, was medical attention required?			
If there was physical injury, will the targeted student have permanent effects as a result?			
Was the targeted student absent from school because of the incident? If yes, number of days absent: _____			
Did a psychological injury result from this incident?			
If yes, were psychological services sought?			

Please list or attach any evidence of bullying or harassment (i.e. texts, notes, photos, etc) or other relevant information:

I certify that the information provided above is accurate and true to the best of my knowledge.

Signature: _____ Date: _____

Name: _____ Title: _____

Phone: _____ Email: _____