

B.I.N.T. – BULLYING IS NOT TOLERATED

This form is to be completed to report immediate knowledge of student bullying.

Bullying Definition: Aggressive behavior that is intentional, repeated, and involves a power imbalance.

Date of Report: _____

Date of Incident: _____

Reporter Information

Name:	Relationship to Target:
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Target Information (if different from above)

Name:	School:
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Alleged Offender(s) Information

Witness(es) Information:

Name/School:	Name/School:
Name/School:	Name/School:

Did the incident involve any of the following features?

Emotional/Mental abuse	No	Yes, in person Yes, electronically	If yes, please give brief explanation:
Sexual harassment	No	Yes, in person Yes, electronically	If yes, please give brief explanation:
Discrimination based on race, class, gender, sexual orientation, religion or disability	No	Yes, in person Yes, electronically	If yes, please give brief explanation:
Threat to someone's physical safety	No	Yes, in person Yes, electronically	If yes, please give brief explanation:
Explanation/Description:			

If yes to any of the above features, was the above named offender involved prior to this reported incident?

Yes No

My signature signifies that all the information provided in this report is true to the best of my knowledge.
Note: Any disciplinary action resulting from this investigation will be disclosed only with the parent(s) of the offender.

Signature: _____

Date: _____

Principal/Designee Signature: _____

Date: _____

ATTACH DOCUMENTATION OF ALL EVIDENCE RELATED TO INCIDENT