INSTRUCTIONS

Bullying, harassment, or discrimination are serious and will not be tolerated. This is a form to report alleged bullying, harassment, or discrimination. Please complete this form and return it to the principal, assistant principal, teacher or counselor at the student victim’s school. The school will then conduct an investigation.

Contact the school for additional information or assistance at any time. Please refer to RCSS Policy Code 1710/4021/7230 “Prohibition against Discrimination, Harassment, and Bullying” and RCSS Policy Code 1720/4015/7225 “Discrimination, Harassment, and Bullying Complaint Procedure” for complete detail.

DEFINITIONS

**Discrimination** means any act or failure to act that unreasonably and unfavorably differentiates treatment of others based solely on their membership in a socially distinct group or category, such as race, ethnicity, sex, pregnancy, religion, age, or disability. Discrimination may be intentional or unintentional.

**Harassment or Bullying** means any pattern of gestures or written, electronic, or verbal communications, or any physical act or any threatening communication that: 1) places a student or school employee in actual and reasonable fear of harm to his or her person or damage to his or her property; or 2) creates or is certain to create a hostile environment by substantially interfering with or impairing a student’s educational performance, opportunities, or benefits.

COMPLAINT/REPORT

**Name of Person Reporting Incident:**
*Note: if reporting anonymously, please leave blank.*

**Phone Number of Person Reporting Incident:**
Name of Student Victim:
May be same as person reporting

____________________________________________

Grade Level of Student Victim:

____________________________________________

Name of Alleged Offender:

____________________________________________

Grade Level of Alleged Offender: ________________________________

____________________________________________

Date(s) of Alleged Incident(s):

____________________________________________

Were you an eyewitness to the alleged incident(s)?

____________________________________________

Other Witnesses (and if appropriate, grade level):

____________________________________________

____________________________________________

____________________________________________

____________________________________________
DESCRIPTION OF INCIDENT(S)

Place an X next to the statement(s) that best describes what happened

Choose all that apply:

_____ Bullying harassment, or discrimination involving physical aggression.

_____ Teasing, name-calling, making critical remarks, or threatening

_____ Encouraging another person to harm the student.

_____ Excluding or rejecting the student.

_____ Bullying, harassment, or discrimination involving electronic communication.

_____ Other (Please describe):

Place an “X” next to the location where alleged bullying, harassment, or discrimination has occurred.

Choose all that apply.

_____ On school property

_____ On a school bus

_____ At a school-sponsored event off school property

_____ On the way to or from school

_____ Other (Please describe):

What did the alleged offender say or do?

Please describe the incident.
How has the student been impacted by this incident?

If the school environment has been impacted by this incident, please explain.

If the student was ever absent due to the incident, please indicate the number of days and reason(s) for the absence.

__________________________________________  ______________________
Signature: __________________________________ Date: __________

I agree that all information on this form is accurate and true to the best of my knowledge.  

*Note: If this is an anonymous report, no signature is required.*