

BULLYING, HARASSMENT OR INTIMIDATION REPORTING FORM

Bullying, harassment, or intimidation are serious and will not be tolerated. Greene County Board of Education is committed to eliminating bullying, harassing and intimidating behaviors from our school community. All stakeholders are asked to report incidents involving such behaviors. **Staff members, students or community members who have witnessed or have reliable information that a student has been subject to harassment, intimidation or bullying are encouraged to report the incident to a school administrator immediately.** All submissions will be reviewed thoroughly.

NOTE: Anyone who files a reported/claim he/she knows to be false will be held responsible and any be reported to an appropriate law enforcement agency.

Please print information.

Today's date: _____ School: _____

Person Reporting Incident: _____
 Self Student Parent/Guardian
 Staff Member Administrator Other (Specify) _____

Other _____

What was your involvement in this incident?

I was directly involved in the incident.
 I observed the incident.
 I heard about this incident. (Please identify from whom you heard about this incident?) _____

Date(s) of Alleged Incident: _____

Approximate time: _____

Where did the alleged incident occur (choose all that apply)?

Bathroom Gym Cafeteria Stairwell Electronic Device
 Classroom Hallway Library Locker Room
 At a school-sponsored activity or event off school property Other: _____

Name of student victim: _____ Age: _____

Name(s) of alleged offender(s)	Age	School	Is he/she a student?
_____	_____	_____	O Yes O No
_____	_____	_____	O Yes O No
_____	_____	_____	O Yes O No

(If additional space is needed, use the back of this page.)

Check the statement(s) which best describes the alleged harassment, intimidation and/or bullying (HIB) behavior the target was subjected to: (choose all that apply):

Physical Bullying (pushing, shoving, hitting, threats, vandalism, theft, etc)

- Emotional Bullying (name calling, insults, teasing, harassing phone calls/texts, etc)
- Social Bullying (gossiping, teasing about appearance, exclusion, public humiliation, etc.)
- Cyber-Bullying (texting/messaging threats, defamatory web posts, derogatory emails, etc.)
- Other (Please Describe)_____

Identify what harm you believe was or may have been caused by the alleged incident. Check all that apply:

- Substantial disruption or interference with the orderly operation of school or rights of others
- Physical or emotional harm
- Insulting or demeaning a student or group of students
- Creating a hostile educational environment

Did a physical injury result from this incident? Place an X in the box.

- No Yes, but it did not require medical attention Yes, and it required medical attention

If there was a physical injury, do you think there will be permanent effects? Yes No

Was the student victim absent from school as a result of the incident? Yes No

Did a psychological injury result from this incident? Place an X next to one of the following:

- No Yes, but psychological services have not been sought Yes, and psychological services have been sought

Is there any additional information you would like to provide? (Attach a separate sheet if necessary)

If this matter should proceed to a formal hearing, would you be willing to testify as to your knowledge of this report? Yes No

Signature of Person Making Report: _____ Date: _____

By signing this report, I attest that all information on this form is accurate to the best of my knowledge and I understand the serious nature of this report. By signing this report form, I understand and agree to be contacted by school, local, state, or federal authorities to assist in the matters of this report.

Signature of Person Receiving Report

Title

Date