

**Morris School District
HARASSMENT INTIMIDATION BULLYING REPORTING FORM**

Directions: Harassment and bullying are serious and will not be tolerated. If you are a student, the parent/guardian of a student, a volunteer or visitor, and wish to report an incident of alleged harassment and/or bullying, complete this form and return it to the Principal at the student's school. All school employees are required to report alleged violations. Contact the school for additional information or assistance at any time. This form can be completed anonymously by omitting signature and name. **Every** reported act of bullying or harassment will be investigated, and parents will be informed.

Name of student victim: (Please print):	Student #:	Age:	Grade:
School:			

Today's date:	/	/
Month	Day	Year

Name(s) of alleged offender(s) (If known): (Please print)	Age	Grade	School	Is he/she a student?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

On what date (s) did the incident happen?								
/	/	/	/	/	/	/	/	/
Month	Day	Year	Month	Day	Year	Month	Day	Year

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

<input type="checkbox"/> On school property	<input type="checkbox"/> At a school-sponsored activity or event off school property	<input type="checkbox"/> At bus stop
<input type="checkbox"/> On a school bus	<input type="checkbox"/> On the way to/from school	<input type="checkbox"/> On computer

Place an X next to the statement(s) that best describes what happened (choose all that apply):

<input type="checkbox"/> Teasing	<input type="checkbox"/> Threat	<input type="checkbox"/> Stalking	<input type="checkbox"/> Theft	<input type="checkbox"/> Cyber bullying
<input type="checkbox"/> Social exclusion	<input type="checkbox"/> Intimidation	<input type="checkbox"/> Physical violence	<input type="checkbox"/> Public humiliation	

What did the alleged offender(s) say or do?

(Attach a separate sheet if necessary)

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

<input type="checkbox"/> No	<input type="checkbox"/> Yes, but it did not require medical attention	<input type="checkbox"/> Yes, and it required medical attention
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Was the student victim absent from school as a result of the incident? Yes No

If yes, how many days was the student victim absent from school as a result of the incident?

Is there any additional information you would like to provide?

(Attach a separate sheet if necessary)

NAME OF PERSON REPORTING INCIDENT:

Telephone:	E-mail (optional):
Place an X in the appropriate box: <input type="checkbox"/> Student	<input type="checkbox"/> Parent/guardian <input type="checkbox"/> Close adult relative
Signature:	Date: