

MAIN STREET MIDDLE SCHOOL
Bullying, Harassment, or intimidation reporting form

(As adapted from SUHSD)

Directions: Bullying, harassment, or intimidation are serious and will not be tolerated. This is a form to report alleged bullying, harassment, or intimidation that occurred on school property; at a school-sponsored activity or event off school property; on a school bus; or on the way to and/or from school, in the current school year. If you are a student victim, the parent/guardian of the student victim, or a close adult relative of a student victim or a school staff member and wish to report an incident of alleged bullying harassment, or intimidation, complete this form and return it to either the front office, an Assistant Principal, a counselor, or the intervention specialist. Contact the school for additional information or assistance at any time.

Main Street Middle School programs and activities shall be free from discrimination, including harassment, with respect to a student's actual or perceived sex, gender, ethnic group identification, race, national origin, religion, color, physical or mental disability, age or sexual orientation. The Board prohibits intimidation or harassment of any student by any employee, student or other person in the District. Prohibited harassment includes physical, verbal, nonverbal, or written on one of the categories listed above that is so severe and pervasive that it affects a student's ability to participate in or benefit from an educational program or activity; creates an intimidating, threatening, hostile, or offensive educational environment; has the purpose or effect of substantially or unreasonably interfering with a student's academic performance; or otherwise adversely affects the student's educational opportunities.

Today's Date: ____/____/____

Person Reporting Incident				
Name: _____	Telephone number: _____			
Place an X in the appropriate section:				
<input type="checkbox"/> Student	<input type="checkbox"/> Parent/Guardian	<input type="checkbox"/> Close adult relative	<input type="checkbox"/> School Staff	<input type="checkbox"/> Other

1. Name of student victim: _____ Age: _____
2. Name(s) of alleged offender(s) (if known): _____ Age: _____ School: _____ Is he/she a student?

a. _____	_____	_____	_____	yes	no
b. _____	_____	_____	_____	yes	no
c. _____	_____	_____	_____	yes	no
3. On what date(s) did the incident happen?

a. ____/____/____	____/____/____	____/____/____	____/____/____
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4. Where did the incident happen (choose all that apply)?

<input type="checkbox"/> On School Property	<input type="checkbox"/> On the way to/from school
<input type="checkbox"/> On a School Bus	<input type="checkbox"/> Classroom
<input type="checkbox"/> At a School-sponsored activity or event off campus	<input type="checkbox"/> Other

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

<input type="checkbox"/> Hitting, kicking, shoving, spitting, hair pulling, or throwing something	<input type="checkbox"/> Excluding or rejecting the student
<input type="checkbox"/> Getting another person to hit or harm the student	<input type="checkbox"/> Intimidating (bullying), extorting, or exploiting
<input type="checkbox"/> Teasing, name calling, making critical remarks, or threatening, in person or by other means	<input type="checkbox"/> Spreading harmful rumors or gossip
<input type="checkbox"/> Demeaning and making the victim of jokes	<input type="checkbox"/> Cyber bullying
<input type="checkbox"/> Making rude and/or threatening gestures	<input type="checkbox"/> Other

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

7. Why did the harassment or intimidation (bullying) occur?

8. Did a physical injury result from this incident? Place and X next to one of the following:
 a. No b. Yes, but did not require medical attention c. Yes, and it required medical attention

9. If there was physical injury, do you think there will be permanent effects? yes no

10. Was the student victim absent from school as a result of the incident? yes no
 a. If yes, how many days was the student victim absent from school? _____

11. Did a psychological injury result from this incident? Place and X next to one of the following:
 a. No b. Yes, but psychological services have not been sought c. Yes, and psychological services have been sought

12. Is there additional information you would like to provide?

Printed Name _____ Signature _____ Date _____

This form was submitted to:
 Principal* Assistant Principal* Intervention Family Advocate Security Front Office Counselor

