

REPORT OF BULLYING OR HARASSMENT FORM

E 411.1

Report of Bullying or Harassment (Any person with knowledge or concerns related to the possible bullying or harassment of a student may report the issue using this form.)	
1. Print the name of the person who is submitting this report: _____	2. Today's Date: _____
3. For non-student reporters : I can be contacted by phone/email at: _____	
4. The person submitting the report is a: <input type="checkbox"/> Student in grade _____ <input type="checkbox"/> Parent/Guardian of _____ <input type="checkbox"/> School District Employee <input type="checkbox"/> Other: _____	5. The person submitting the report is (check all that apply): <input type="checkbox"/> A victim/target of bullying or harassment <input type="checkbox"/> Someone who saw what happened to someone else <input type="checkbox"/> Someone who has heard what happened to someone else <input type="checkbox"/> Other: _____
6. WHO is being bullied or harassed? (Please provide names(s) and grade(s) of each student you can identify as a possible victim/target.) _____	
7. WHO is bullying or harassing the people listed above? (Check all that apply and identify individuals to the extent possible.) <input type="checkbox"/> Other student(s): _____ <input type="checkbox"/> School employee(s): _____ <input type="checkbox"/> Someone else: _____	
8. Describe WHAT happened (or what is currently happening), WHERE it occurred (e.g., which school), and WHEN it occurred: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	
List additional incidents, or provide additional detail, on the back of this form (or by using attached sheets of paper) if needed.	

<p>9. Is the problem over now, or is it likely to continue?</p> <p><input type="checkbox"/> It seems like it is over for now, but I'm still concerned.</p> <p><input type="checkbox"/> It is continuing, or seems very likely to continue.</p> <p>10. Does this complaint allege a violation of law or District policy that is based upon, or that has occurred because of, any individual's legally-protected status or classification (e.g., race, color, national origin, ancestry, sex, sexual orientation, religion, creed, pregnancy, marital or parental status, or disability)?</p> <p><input type="checkbox"/> No. It does not seem connected to any status or category.</p> <p><input type="checkbox"/> Yes. List each protected status/category that you feel is relevant to the allegations made in this complaint:</p> <p>_____</p> <p>_____</p>	<p>11. To your knowledge and in relation to this complaint, is anyone's health or safety in imminent danger such that you believe immediate action is needed to alleviate that danger?</p> <p><input type="checkbox"/> No.</p> <p><input type="checkbox"/> Yes. Please identify WHO may be in danger and WHY:</p> <p>_____</p> <p>_____</p> <p>Has anyone contacted law enforcement?</p> <p><input type="checkbox"/> No.</p> <p><input type="checkbox"/> Yes. Who? _____</p>
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12. Please **SIGN** and **DATE** this form (for reports submitted by multiple people, please attach an additional signature page or add a signature in the space provided for additional details).

Your signature is your assurance that the information provided in this complaint form is provided in good faith and that it is accurate to the best of your knowledge.

Signature Date

Use the space below (or additional sheets) to provide any additional detail that you wish to provide:

Please Submit this Report DIRECTLY to the Building Principal, to a School Counselor, or to a Teacher

Lines below are for School District OFFICE USE ONLY

1. Identify the name and title of the person who received this form on behalf of the School District, and identify the date of receipt :		

Name	Title	Date of Receipt by the District
2. Identify the method of receipt: <input type="checkbox"/> Hand delivery <input type="checkbox"/> Inter-office mail <input type="checkbox"/> U.S. mail <input type="checkbox"/> Other: _____ <input type="checkbox"/> Email		3. By number, identify the items on this form (if any) which were <u>blank</u> or clearly incomplete at the time the form was initially filed with the District:
4. Identify the supervisor(s) or administrator(s) who have been notified of the District's receipt of this report as of the date of receipt:		5. Identify the supervisor or administrator who is assigned primary responsibility for ensuring this report is processed appropriately:
6. Other information the District wishes to document related to the receipt of this complaint:		

Adoption Date: **09/07/2021**