

**SPACKENKILL SCHOOL DISTRICT
BULLYING, HARASSMENT, AND DISCRIMINATION REPORTING FORM**

Directions: No student shall be subjected to bullying, harassment or discrimination by employees or students. This form is to report alleged bullying, harassment or discrimination that occurred on school property, at a school-sponsored activity or event on or off school property, on a school bus, on the way to and/or from school, or via electronic communication (cyber bullying) in the school year. If you wish to report an incident of alleged bullying, harassment, or discrimination, complete this form and return it to the main office of the alleged target's school.

Today's date: _____ Date of Incident: _____ School: _____

Person reporting: _____ Position: _____

Contact information: _____

Name of Alleged Student Target: _____ Age/Grade: _____

Name of Alleged Aggressor(s):

_____ Age/Grade: _____ School: _____

_____ Age/Grade: _____ School: _____

What was the actual or perceived basis of the bullying, harassment, or discrimination? Please circle.

- | | | | | | |
|------------|----------|--------------------|-----------------|----------------------------|-----|
| Race | Weight | Sexual Orientation | National Origin | Color | Sex |
| Disability | Religion | Religious Practice | Ethnic Group | Gender Identity/Expression | |

Where did the incident occur?

- On school property On school bus Electronic on-line
 On way to or from school School Sponsored activity off school property

Please give specific location, event, bus route, etc.: _____

What did the alleged aggressor(s) say or do? Please describe in specific detail what you observed or heard.

Where there other witnesses to this incident? If so please indicate their names:

Did a physical injury result from this incident? Yes _____ No _____
Was the student seen by the school nurse? Yes _____ No _____

What actions, if any, were already taken in response to the incident reported above:

Thank you for completing this form. An administrator will review this report and you will be contacted.

Copies to: ___Principal ___DASA Coordinator ___Reporter of Incident