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