

JENKS PUBLIC SCHOOLS
HARASSMENT OR INTIMIDATION (BULLYING) REPORTING FORM

Today's date: _____ / _____ / _____ School / Class _____

PERSON REPORTING INCIDENT

Name: _____

Telephone: _____

E-mail: _____

Place an X in the appropriate box: Student Parent/guardian Close adult relative School Staff

1. Name of student victim: _____ Age: _____

Student ID: _____ Male Female

Type of Harassment Alleged: Sex Race/ Color/ Nat'l Origin Disability Other Intimidation or Threat
(Please print)

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

3. On what date(s) did the incident happen?:

_____/_____/_____ <small>Month Day Year</small>	_____/_____/_____ <small>Month Day Year</small>	_____/_____/_____ <small>Month Day Year</small>
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4. Where did the incident happen (choose all that apply)?

- On school property (if so, where? _____)
 At a school-sponsored activity or event off school property On a school bus On the way to/from school

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

- Hitting, kicking, shoving, spitting, hair pulling, or throwing something
 Getting another person to hit or harm the student
 Teasing, name-calling, making critical remarks, or threatening, in person or by other means, i.e., written or electronic
 Demeaning and making the victim of jokes
 Making rude and/or threatening gestures
 Excluding or rejecting the student
 Intimidating (bullying), extorting, or exploiting
 Spreading harmful rumors or gossip
 Other (specify) _____

6. Describe the Incident: (What did the alleged offender(s) say or do?): _____

(Attach a separate sheet if necessary)

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

- No Yes, but it did not require medical attention Yes, and it required medical attention

8. Witness(es): _____

*****Please write any additional information you would like to provide on the back. Thank You.

Signature: _____ Date: _____

