

**POLK COUNTY PUBLIC SCHOOLS
HARASSMENT OR BULLYING REPORTING FORM**

Directions: Harassment and bullying are serious and will not be tolerated. If you are a student, the parent/guardian of a student, a volunteer or visitor, and wish to report an incident of alleged harassment and/or bullying, complete this form and return it to the Principal at the student's school. All school employees are required to report alleged violations. Contact the school for additional information or assistance at any time. This form can be completed anonymously by omitting signature and name. **Every** reported act of bullying or harassment will be investigated, and parents will be informed.

Name of student victim: (Please print) _____ Student # _____ Age: _____ Grade: _____

School: _____

Today's date: _____ / _____ / _____
Month Day Year

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

On what date (s) did the incident happen?

_____ / _____ / _____ _____ / _____ / _____ _____ / _____ / _____
Month Day Year Month Day Year Month Day Year

Where did the incident happen (choose all that apply)?

- On school property At a school-sponsored activity or event off school property At bus stop
 On a school bus On the way to/from school On computer

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

- Teasing Threat Stalking Theft Cyber bullying
 Social exclusion Intimidation Physical violence Public humiliation

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

(Attach a separate sheet if necessary)

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

Was the student victim absent from school as a result of the incident? Yes No

If yes, how many days was the student victim absent from school as a result of the incident? _____

Is there any additional information you would like to provide? _____

(Attach a separate sheet if necessary)

NAME OF PERSON REPORTING INCIDENT _____

Telephone: _____

E-mail: (optional) _____

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

Signature: _____ Date: _____