Indiana Academy for Science, Mathematics, and Humanities BULLYING (HARASSMENT OR INTIMIDATION) REPORTING FORM

**Directions:** Acts of bullying and its related forms of harassment and intimidation are serious and will not be tolerated. This is a form to report alleged bullying. If you are a student victim, the parent/guardian of a student victim, or a close adult relative of a student victim, and wish to report an incident of alleged bullying, complete this form and return it to the Principal. Contact the school for additional information or assistance at any time.

**Definition:** Bullying is defined as “overt, repeated acts or gestures, including verbal or written communications transmitted, physical acts committed, or any other behaviors committed, that are exhibited by a student or group of students against another student with the intent to harass, ridicule, humiliate, intimidate, or harm the other student” (I.C. 20-33-8-0.2).

Today’s date: \_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_

Month Day Year

***Person Reporting the Incident*** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. Name of student victim: Age/grade: Ethnicity:

(Please print)

1. Name(s) of alleged offender(s) [if known]: (Please print) Age Grade Ethnicity Is he/she a student at this school?

 Yes  No

 Yes  No

 Yes  No

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

\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_

Month Day Year Month Day Year Month Day Year

1. Where did the incident happen?
2. Check the statement(s) that best describes what happened:

* Physical bullying (*specify*):
* Verbal bullying (*specify*):

* Social/Relational bullying (*specify*):

* Electronic/Written communication (*specify*):

* Combination (*specify*):

(Attach a separate sheet if necessary)

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1. Why did the harassment or bullying occur?

(Attach a separate sheet if necessary)

1. Did a physical injury result from this incident? Check one of the following:

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

1. If there was a physical injury, do you think there will be permanent effects?

* Yes
* No

1. Was the student victim absent from school as a result of the incident?

* Yes
* No

1. Did a psychological injury result from this incident? Check one of the following:

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

1. Is there any additional information you would like to provide?

(Attach a separate sheet if necessary)

Person filing report Date

Give the completed form to the student’s teacher or a school administrator.