



In what form did the alleged incident occur? (Choose all that apply.)

- Written whether hand-written or printed text
- Electronic
- Verbal
- Physical

Place a check next to the statement(s) that best describe(s) what happened. (Choose all that apply.)

- Any bullying, harassment, or intimidation that involves physical aggression
- 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
- Demeaning and making the victim the object of jokes
- Making rude and/or threatening gestures
- Intimidating, bullying, extorting, or exploiting
- Spreading harmful rumors or gossip
- Cyberbullying (e. g., social media including Facebook, Twitter, Snapchat, Instragram, Kik, etc.)
- Sexual in nature
- Related to the student's perceived sexual orientation
- Excluding or rejecting the student
- Related to the student's disability
- Electronic or written communication (e. g. e-mail, text, sexting, etc.)
- Racial harassment
- Sexual harassment
- Other \_\_\_\_\_

Why do you believe that the bullying, harassment, or intimidation occurred? (Choose all that apply.)

- |  |  |
|--|--|
| <input type="checkbox"/> Because of race               | <input type="checkbox"/> Because of sexual orientation             |
| <input type="checkbox"/> Because of ethnicity          | <input type="checkbox"/> Because of family/parent/material status  |
| <input type="checkbox"/> Because of color              | <input type="checkbox"/> Because of poverty/socioeconomic status   |
| <input type="checkbox"/> Because of ancestry           | <input type="checkbox"/> Because of language                       |
| <input type="checkbox"/> Because of national origin    | <input type="checkbox"/> Because of physical disability            |
| <input type="checkbox"/> Because of religion           | <input type="checkbox"/> Because of mental disability              |
| <input type="checkbox"/> Because of immigration status | <input type="checkbox"/> Because of age                            |
| <input type="checkbox"/> Because of sex                | <input type="checkbox"/> Just to be mean                           |
| <input type="checkbox"/> Because of gender             | <input type="checkbox"/> To impress others                         |
| <input type="checkbox"/> Because of gender identify    | <input type="checkbox"/> Because of unknown reason                 |
| <input type="checkbox"/> Because of gender expression  | <input type="checkbox"/> Because of another reason (specify below) |
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Describe the incident(s), including what the alleged offender(s) said or did. (Please print.)

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Did a physical injury result from this alleged incident?

No

Yes, but it did not require medical attention.

Yes, and it required medical attention.

To your knowledge, has the alleged victim threatened suicide?

No

Yes (Check all that apply.)

In writing, whether hand-written or printed text

Electronic

Verbal

Physical

Is there any additional information that you would like to provide? (Please print.)

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(Attach a separate sheet if necessary.)

***By signing below you agree that all of the information on this form is accurate and true to the best of your knowledge.***

Printed name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_