DEKALB COUNTY SCHOOL DISTRICT
2023-2024
Bullying /Harassment/ Hazing Report Form
This form is also available at https://www.dekalbschoolsga.org/student-support-intervention/student-relations/
PLEASE PRINT ALL INFORMATION LEGIBLY.

Today's Date _____ /_____ / _____ ***School*** _____

Do you want to remain anonymous? □ Yes □ No (If yes, do not write in name)

Person Reporting Incident:
_____

Circle one: Victim/Target Concerned Student Parent/Guardian Relative Concerned Person

Telephone _____-_____- _____ ***E-mail*** _____

1. Name of alleged target student	***School***	***Grade***	***Race***	***Gender***
_____	_____	_____	_____	_____

2. Name(s) of alleged offender(s)	***School***	***Grade***	***Race***	***Gender***
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3. Has this student been bullied, harassed, discriminated against, or hazed on previous occasions? ***Yes*** ***No*** ***Don't Know***

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

____/ ___/ _____ Time: _____ AM/PM ____ / ____/ _____ Time: _____ AM/PM □ Multiple Dates
Mo. Day Year Mo. Day Year

5. Where did the incident(s) happen? (Choose all that apply.)

□ On school property (Please circle): Classroom Hallway Cafeteria Gym/Locker Room Other
□ At a school-sponsored activity or event off school property
□ On a school bus (Please circle): AM/PM
□ On the way to/from school (Please circle): AM/PM
□ Online

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

□ Harassment (race/ethnicity, color, religion, national origin, gender, disability, sexual orientation, gender identity, etc.)
□ Physical Violence (hitting, kicking, shoving, spitting, hair pulling, or throwing something)
□ Persuading another person to hit or harm the student
□ Verbal (teasing, name-calling, making critical remarks, or threatening, in person or by other means)
□ Hazing
□ Extortion
□ Intimidating or making rude and/or threatening gestures
□ Exclusion (excluding or rejecting the student)
□ Spreading harmful rumors or gossip or Public Humiliation
□ Cyberbullying/Cyberstalking (Circle one: During School/After School)

7. Motivation of the bullying/harassment/hazing. (Check one):
__General __Race/Color __Religion __Gender __Gender Identity/Sexual Orientation __Physical/Mental Disability
__National Origin/Ethnicity __Other

Briefly describe the incident or attach a written statement and any materials provided:
_____
_____
_____

This report has been submitted to (Circle): Principal Principal's Designee Regional Superintendent (Name) _____

___/___/_____ _____ _____
Date Submitted Submitter's Name Submitter's Signature

Distribution: Original to Principal/Principal's Designee/Regional Office; Copy for Student Records, Copy for Submitter Revised 6/23/23