



2017-2018

Bullying /Harassment/Hazing Report Form

This form is available at www.dekalb.k12.ga.us/student-relations.

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_ School \_\_\_\_\_

Person Reporting Incident: Name \_\_\_\_\_

Circle one: Victim/Target Concerned Student Parent/Guardian Relative Concerned Person Faculty/Staff
Wants to remain anonymous? € Yes € No (If yes, do not write in name)

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

1. Name of student victim (Please print) School Age Race Gender

2. Name(s) of alleged offender(s) Status (Student, Faculty/Staff, Other) School, Grade Age Race Gender

3. Has this student been bullied, harassed 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
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)
On-line

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):

\_\_Race/Color \_\_Religion \_\_Gender \_\_Gender Identity/Sexual Orientation \_\_Physical/Mental Disability
\_\_National Origin/Ethnicity \_\_Other

Briefly describe the incident as reported to you or attach a written statement and any materials provided:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This report has been submitted to (Circle): Principal Principal's Designee (Name) \_\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_ Signature