DEKALB COUNTY SCHOOL DISTRICT
2021-2022
Bullying / Harassment / Discrimination / Hazing Report Form
This form is available at https://www.dekalbschoolsga.org/student-support-intervention/student-relations/
PLOUE 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/discrimination/hazing. (Check one):
☐ General ☐ 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 Regional Superintendent (Name) ______________________
____/ _____/ ________ Date Submitted _______________ Submitter’s Name _______________ Submitter’s Signature

Distribution: Original to Principal/Principal ’s Designee; Copy for Data Entry, Copy for Submitter Revised 6/11/21