DEKALB COUNTY SCHOOL DISTRICT
2022-2023
Bullying/Harassment/Discrimination/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/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 6/22/22