

Calhoun County School District Bullying or Harassment Reporting Form

Any student, parent, or employee can report bullying or harassment by talking to an administrator or completing this form and returning it to an assistant principal or principal. For anonymous reporting, this form can be placed in the school's designated drop off spot or faxed to 850-674-5814.

PLEASE PRINT

		School	Grade
Victim's Name (First and Last)			
Alleged Bully's Name(s) (First and Last)			
Witness Name (First and Last)			
Witness Name (First and Last)			
Date of Incident(s)	Time of Incident(s)	Frequency of Incident(s)	
Is this the first time you have been bullied or harassed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, is the bullying by the same person(s) or a different person? <input type="checkbox"/> Same Person <input type="checkbox"/> Different Person	Were any of these incidents previously reported? <input type="checkbox"/> No <input type="checkbox"/> Yes To Whom? _____	
Where did the incidents happen (choose all that apply) <input type="checkbox"/> At school <input type="checkbox"/> At a school-sponsored activity or event off of school property <input type="checkbox"/> On a school bus <input type="checkbox"/> At the bus stop <input type="checkbox"/> On the way to or from school <input type="checkbox"/> On the computer, email, text, phone <input type="checkbox"/> Other _____			
Choose the statement(s) that best describes what happened (choose all that apply) <input type="checkbox"/> Teasing <input type="checkbox"/> Threat <input type="checkbox"/> Stalking <input type="checkbox"/> Theft <input type="checkbox"/> Intimidation <input type="checkbox"/> Physical Violence <input type="checkbox"/> Social Exclusion <input type="checkbox"/> Public Humiliation <input type="checkbox"/> Sexual, religious, or racial harassment <input type="checkbox"/> Destruction of Property <input type="checkbox"/> Spreading False Rumors <input type="checkbox"/> Cyberstalking or Cyberbullying <input type="checkbox"/> Other _____			
Describe what happened			
If witnesses are involved, describe their role in this incident			

Signature of student/employee completing this form (optional): _____ Date _____

Thank you. This report will be followed up in a prompt manner.
By completing this form, you are verifying that your statements are true and exact to the best of your knowledge.
If you fear a student is in IMMEDIATE danger, please contact a trusted adult right away!

For Office Use Only

Date Received:	
Received By:	