

**University Place School District
Harassment, Intimidation and Bullying Reporting Form**

Name of targeted student (s): _____ Today's date: _____

Name of Reporter (optional): _____ Phone: _____

Name(s) of alleged aggressors (if known): _____

Date and time of incident(s): _____

Has the student been bothered by this person before? Yes No Don't Know

If yes, how many times? _____ Was a report filed for previous incident(s)? _____

Name of teacher (s) or staff member(s) who knows about this problem (if any): _____

Where did the incident happen? Circle all that apply.

Classroom Hallway Restroom Gym Locker Room Lunchroom Parking Lot School Bus
Athletic Field Off Campus Internet Cell Phone On the way to/from school

Other (Please describe) _____

Please check all behaviors that describe what happened to the alleged victim. Choose all that apply.

- ☐ Physical harassment, intimidation or bullying (hitting, kicking, shoving or other physical contact)
- ☐ Sexual harassment such as making sexual comments or unwanted sexual touching
- ☐ Verbal harassment, intimidation or bullying (teasing, name calling, etc.)
- ☐ Verbal or written threats to harm, bother or harass the student
- ☐ Intentionally excluding or rejecting the student for the purposes of
- ☐ Demanding money or exploiting the student
- ☐ Spreading harmful rumors or gossip about the student
- ☐ Telling and/or encouraging other students to harm the student
- ☐ Using electronic devices or media to harm or bother a student (calling, texting, emailing, web posting, Facebook, YouTube, Twitter, Snapchat, Instagram, other social media sites, etc.)
- ☐ Other- please describe: _____

Is there any additional information? _____

Names of Witnesses: _____

If known, please explain why you believe the problem is happening:

Did a physical injury result from the incident (s)? Yes No Don't Know

If yes, please describe: _____

Was the target absent from school as a result of the incident (s)? Yes No Don't Know

If yes, please describe: _____

Additional comments or information:

-----For Office Use-----

Received By: _____ Date Received: _____

Action Taken: _____

Parent/Guardian Contact for Alleged Victim:

Name(s) _____ Contact Information: _____

Date(s) Contacted: _____

Referred to: _____ Date: _____