

Skykomish School District
Bullying, Harassment, or Intimidation Report Form

Reporting person (optional): _____

Targeted student(s): _____

Your email address (optional): _____

Your phone number (optional): _____ **Today's date**: _____

Name of school adult you've already contacted (if any): _____

Name(s) of bullies (if known): _____

On what date(s) did the incident(s) happen (if known): _____

Where did the incident happen? Circle all that apply. Classroom Hallway Restroom
Playground Locker room Lunchroom Sport field Parking lot School bus Internet
Cell phone During a school activity Off school property On the way to/from school
Other (Please describe.) _____

Please check the box that best describes what the bully did. Please choose all that apply.

- Hitting, kicking, shoving, spitting, hair pulling or throwing something at the student
- Getting another person to hit or harm the student
- Teasing, name calling, making critical remarks, threatening in person, by phone, by e-mail, etc.
- Putting the student down and making the student a target of jokes
- Making rude and/or threatening gestures
- Excluding or rejecting the student
- Making the student fearful, demanding money, or exploiting
- Spreading harmful rumors or gossip
- Cyber bullying (bullying by calling, texting, emailing, web posting, etc.)
- Other (If you select other, please describe): _____

Why do you think the harassment, intimidation or bullying occurred? _____

Were there any witnesses? Yes No If yes, please provide their names: _____

Did a physical injury result from this incident? If yes, please describe: _____

Was the target absent from school as a result of the incident? Yes No If yes, please describe:

Is there any additional information? _____

Thank you for reporting!

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

Received by: _____

Date received: _____

Referred to: _____

Action taken: _____

Parent/guardian contacted: _____

Circle one: Resolved Unresolved