



School # \_\_\_\_\_ Real Time Reference # \_\_\_\_\_

**Garfield Public School District: Harassment, Intimidation & Bullying Initial Reporting Form**

**Directions:** Harassment, Intimidation & Bullying are serious offenses and will not be tolerated. This form is to report an alleged incident that occurred on school property, at a school sponsored event or activity, off of school property, or on a school bus. **Please complete this form and return to the School Principal or Anti-Bully Specialist, even after you have verbally reported the incident.** You may report anonymously. Please contact your school's office for additional information or assistance.

*\*(a separate investigation report form is required for EACH targeted pupil)\**

*\*Students/Parents ONLY may choose to submit this report anonymously. Please note, in accordance with the Anti-Bullying Bill of Rights Act, no formal disciplinary action is permitted on the basis of anonymous reporting alone.\**

<b>Name\Contact of Reporter:</b>	<b>Date of Verbal Report:</b>	<b>Date of Written Report:</b>
<b>Signature of Reporter:</b>	<b>Check One:</b> _____ Student _____ Staff Member _____ Parent\Guardian _____ Volunteer _____ Anonymous	
<b>Name of Alleged Targeted Pupil:</b>	<b>Date of Incident:</b>	<b>Location of Incident:</b>

**Name of Student(s)/Person(s) Accused of Alleged HIB Behavior:**

**Mark ALL boxes below in which the actual or perceived characteristic was or may have been a motivational factor in the alleged HIB incident:** *(Affirmative Action Rep must be involved for bolded areas/double check protected characteristics list....perceived characteristic could fall under this area)*

<b>Race:</b> <input type="checkbox"/>	<b>Color:</b> <input type="checkbox"/>	<b>Religion:</b> <input type="checkbox"/>	<b>Ancestry:</b> <input type="checkbox"/>	<b>National Origin:</b> <input type="checkbox"/>	<b>Gender:</b> <input type="checkbox"/>
<b>Sexual Orientation:</b> <input type="checkbox"/>	<b>Gender Identity/Expression:</b> <input type="checkbox"/>	<b>Mental or Physical or Sensory Disability</b> <input type="checkbox"/>			
<input type="checkbox"/> Other actual or perceived characteristic: (Please list)					

**Type of Incident:** (Check all that apply)  *Gesture*  *Written*  *Verbal*  *Physical*  *Electronic Communication*

**Witnesses of Incident:**

**Check next to ALL the statement(s) that best describes what happened.**

<input type="checkbox"/> Any bullying, harassment or intimidation that involves physical aggression	<input type="checkbox"/> Making rude and/or threatening gestures
<input type="checkbox"/> Getting another person to hit or harm the student	<input type="checkbox"/> Excluding or rejecting the student
<input type="checkbox"/> Teasing, name-calling, making critical remarks or threatening, in person or by other means	<input type="checkbox"/> Intimidating (bullying), extorting or exploiting
<input type="checkbox"/> Demeaning & making the targeted pupil of jokes	<input type="checkbox"/> Spreading harmful rumors or gossip
	<input type="checkbox"/> Electronic communication (specify)
	<input type="checkbox"/> Other (specify)

**Describe nature of alleged harassment, intimidation or bullying. Include any gesture, relevant verbal, written or physical act(s), or any electronic communication.**

**What harm do you believe was or may have been caused by the alleged incident? Check all that apply.**

Substantial disruption or interference with orderly operation of school rights of others: <input type="checkbox"/>	Insulted or demeaned a student or a group of students: <input type="checkbox"/>
Target was in fear of physical or emotional harm or damage to personal property: <input type="checkbox"/>	Accused knew action would physically or emotionally cause harm or damage target's property: <input type="checkbox"/>
Interferes with student's education: <input type="checkbox"/>	Creates a hostile educational environment by severely or pervasively causing physical or emotional harm to the student: <input type="checkbox"/>

**Initials of Principal/ABS Receiving Report:** \_\_\_\_\_ **Affirmative Action Rep. Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Initials of AA Rep:** \_\_\_\_\_ **Date Notified:** \_\_\_\_\_