



School # _____ Written Report # _____

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.

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

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)*

| | | | | | |
|--|---|--|---|--|---|
| Race: <input type="checkbox"/> | Color: <input type="checkbox"/> | Religion: <input type="checkbox"/> | Ancestry: <input type="checkbox"/> | National Origin: <input type="checkbox"/> | Gender: <input type="checkbox"/> |
| Sexual Orientation: <input type="checkbox"/> | Gender Identity/Expression: <input type="checkbox"/> | Mental or Physical or Sensory Disability <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.

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|---|---|
| <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"/> |

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|--|--------------------------------------|
| Initials of Principal/ABS Receiving Report: | Affirmative Action Rep. Name: |
| Title: | Date: |
| Initials of AA Rep: | Date Notified: |