

Bullying or Harassment Reporting Form

_____ Student _____ Employee (check appropriate line)

This form should be used to report a possible incident of bullying as defined in the Lafayette County School District's Policy Prohibiting Bullying and Harassment.

Any student can report bullying or harassment by talking to an administrator or completing this form and returning it to an assistant principal or principal. This form can be placed in the school's designated drop off spot for anonymous reporting.

PLEASE PRINT

Your name (optional for anonymous reporting): _____

School: _____

Name(s) of student(s) accused of bullying and/or harassment: _____

Is this the first time you have been bullied or harassed? YES _____ NO _____

If NO, is the bullying by the same person(s) or a different person(s)? _____

Were any of these incidents previously reported? No _____ Yes _____ To whom _____

Where did the incidents happen (choose all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> On school property | <input type="checkbox"/> At a school-sponsored activity or event off of school property | <input type="checkbox"/> On the computer |
| <input type="checkbox"/> On a school bus | <input type="checkbox"/> On the way to/from school | <input type="checkbox"/> At the bus stop |
| | | <input type="checkbox"/> Other: _____ |

On what dates did the incidents happen? _____

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"/> Cyberbullying |
| <input type="checkbox"/> Social exclusion | <input type="checkbox"/> Intimidation | <input type="checkbox"/> Physical violence | <input type="checkbox"/> Public humiliation | <input type="checkbox"/> Other: _____ |

What did the alleged offender(s) say or do? _____

Were there any witnesses? Yes_____ No_____

Signature of student/employee completing this form (optional for anonymous reporting):

Signature: _____ 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:	