



## Bullying/Harassment Reporting Form

This form is to be used to report a possible incident of bullying as defined by the School District of Indian River County **Board Policy 5517.01 Prohibiting Bullying and Harassment**.

**A student, parent/guardian, employee, or an anonymous witness may use this form to report bullying/harassment and submit it to the Principal, or it can be placed in the schools designated reporting boxes located within the schools, Health Room, Guidance/Student Support Offices, Library, or Main Office for anonymous reporting.**

### PLEASE PRINT *or obtain a form from your school*

Your name (optional): \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Name(s) of student(s) accused of bullying/harassment:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Is this the first time you have been bullied or harassed?  NO  YES  
If **NO**, is the bullying by the same person(s) or a different person(s)?  NO  YES  
If different please list student(s) Name: \_\_\_\_\_

Were any of these incidents previously reported?  NO  YES If **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 date(s) 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? Please describe in as much detail as possible (you may use additional paper if needed). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were there any witnesses?  YES  NO

If you answered **YES**, please provide in as much detail as possible their role in this incident (*you may use additional paper if needed*).

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Signature of student/employee completing this form (optional): \_\_\_\_\_ 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!

This space left blank if needed for continuing or additional information.

**For Office Use Only**

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<b>Date Received:</b>	
<b>Received By:</b>	