Bullying, Harassment & Intimidation
Reporting Form
Chowchilla Union High School District

**Directions:** Bullying, harassment, or intimidation is serious and will not be tolerated. By definition, this includes any behavior that infringes on the safety or well-being of students, staff, or other persons within the District’s jurisdiction. This is a form to report alleged bullying, harassment or intimidation that occurred on school property; at a school-sponsored activity or event; on a school bus; or on the way to and/or from school. If you are a victim, the parent/guardian of a victim, or a school staff member and wish to report an incident of alleged bullying, harassment or intimidation, **complete this form and return it to the Principal.**

Bullying, harassment, or intimidation means intentional actions, including verbal, physical, or written conduct or an intentional electronic communication that creates a hostile educational environment by substantially interfering with a student’s educational benefits, opportunities, performance, or with a student’s physical or psychological well being.

Today’s Date ________________

**Person Reporting Incident:** ____________________________________________________________

Place an X in the appropriate box:

☐ Student          ☐ Witness/Bystander          ☐ Parent/Guardian          ☐ School Staff Member

1. Name of victim ____________________________

<table>
<thead>
<tr>
<th>Name(s) of alleged offender(s) <em>if known</em></th>
<th>Is he/she a student?</th>
<th>School they attend <em>if known</em></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ Yes</td>
<td>☐ No</td>
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<tr>
<td></td>
<td>☐ Yes</td>
<td>☐ No</td>
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2. On what date(s) did the incident occur? ___/___/____  ___/___/____  ___/___/____

3. Where did the incident happen? (choose all that apply)
   - ☐ On school property
   - ☐ At a school-sponsored activity or event off school property
     Location? ____________________________ Name of activity/event ____________________________
   - ☐ On a school bus
   - ☐ On the way to/from school

4. Place an X next to the statement(s) that best describes what happened. (Choose all that apply)
   - ☐ Any bullying, harassment, or intimidation that involves physical aggression or threats
   - ☐ Insulting or threatening notes/graphic images
   - ☐ Teasing, name-calling, making remarks or racial comments
   - ☐ Rejecting, humiliating, blackmailing, ostracizing or ranking personal characteristics
   - ☐ Spreading harmful rumors or gossip
   - ☐ Cyberbullying committed by means of an electronic act (specify)
5. Describe what happened/what is happening:

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

(Attach a separate sheet if necessary)

6. Did anyone else witness the bullying?

☐ No       ☐ Unsure       ☐ Yes – List names of witness(es) or describe if unknown

7. Did a physical injury result from this incident?

☐ No  ☐ Yes, but it did not require medical attention  ☐ Yes, and medical attention was required

8. Was there damage to anyone’s personal property?

☐ No  ☐ Yes – Describe damage(s)

9. Was the victim absent from school as a result of this incident?    ☐ Yes  ☐ No

   a. If yes, how many days was the victim absent from school as a result of this incident? ___

10. Has this bullying, harassment or intimidation been previously reported?

    ☐ No  ☐ Yes – Who reported and when?

11. Have you contacted law enforcement?    ☐ Yes  ☐ No

12. Is there any additional information you would like to provide?

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

Signature: ______________________________________  Date: __________________________

FOR OFFICE USE ONLY

Person(s) conducting investigation: __________________________

Date investigation began: ________________  Victim Support: ☐ Referral to school counselor and/or psychologist

☐ Referral to outside agency

☐ Victim declined additional support at this time

☐ Parent/guardian(s) notified

Action(s) taken: ________________________________________________