

BILLINGS PUBLIC SCHOOLS

Harassment/Intimidation/Bullying Incident Reporting Form



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| Name of School: | | Date: |
| Reporting Person Information (optional) *Please note: no disciplinary action will occur on the sole basis of a report. | | |
| Name: | | |
| Telephone: | | E-Mail: |
| I am a: <input type="checkbox"/> student <input type="checkbox"/> staff member <input type="checkbox"/> parent/guardian <input type="checkbox"/> administrator | | |
| <input type="checkbox"/> self-reporting <input type="checkbox"/> other: | | |
| Name of Victim: | | |
| Name(s) of aggressor (please describe if not known): | | Grade(s): |
| Date/time of incident: | | |
| Where did the incident occur? | | |
| <input type="checkbox"/> On school property <input type="checkbox"/> at a school sponsored activity or event off school property <input type="checkbox"/> school bus <input type="checkbox"/> on the way to/from school <input type="checkbox"/> electronic | | |
| Check all that describes the incident: | | |
| <input type="checkbox"/> Physical (pushing, shoving, hitting, fighting kicking, throwing items, etc.) <input type="checkbox"/> Emotional (name calling, insults, teasing, verbal threats, staring/leering, etc.) <input type="checkbox"/> Social (rumors, exclusion, embarrassment, graffiti, jokes, gestures, etc.) <input type="checkbox"/> Sexual (inappropriate comments/touching, sexual orientation references, etc.) <input type="checkbox"/> Cyber (threatening or harassing texts/I-M's/calls, defamatory posts/e-mails, etc.) <input type="checkbox"/> Property (vandalism, theft, demanding money, exploiting, or fear of such, etc.) <input type="checkbox"/> Other (please describe) | | |
| Please describe the incident: | | |
| Physical Evidence: <input type="checkbox"/> Graffiti <input type="checkbox"/> Electronic <input type="checkbox"/> Photo/Video <input type="checkbox"/> Website <input type="checkbox"/> Notes <input type="checkbox"/> Other | | |
| Other students involved (please indicate whether witness, bystander, or victim): | | |
| Name: | | Grade: |
| Name: | | Grade: |
| Is this a repeated offense? | | |
| <input type="checkbox"/> No, this is a one-time incident | | |
| <input type="checkbox"/> Yes, date and description of incident(s): | | |



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| Have you ever reported this information before? With whom: _____ Date: _____ | |
| Did a physical injury result from this incident? <input type="checkbox"/> No <input type="checkbox"/> Yes, but it did not require medical attention <input type="checkbox"/> Yes, and it required medical attention | |
| Was the student/victim absent from school as a result of the incident? <input type="checkbox"/> No <input type="checkbox"/> Yes, _____ days | |
| Have you contacted the police? <input type="checkbox"/> No <input type="checkbox"/> Yes: Officer: _____ Date: _____ | |
| Is there any additional information you would like to provide? | |
| I understand the serious nature of this report and I agree that all of the information is accurate and true to the best of my knowledge. | |
| Signature _____ | Date _____ |
| Please type/print name: _____ | |

* Please note: anyone who files a report he/she knows to be false will be held responsible and may be reported to an appropriate law enforcement agency. Appeals may be made to the superintendent, in writing, after 5 school days of reporting.

Thank you for reporting!

For Administrative Use

Date received: _____ Received by: _____

Incident assigned for investigation to: _____

Title: _____ Date: _____

Action Taken: Started Investigation
 Other: