



Linking Learning to Life

Marshall County School System Bullying/Harassment Report Form

This form is used to identify a possible incident of bullying. The staff person who observes the conduct or receives the complaint should complete this form, not the complaining student or staff. Copies of this form should be forwarded to the Central Office complaint manager for follow up.

Date of report: _____ Date and Time of Incident: _____

School: _____ LEA: _____

Teacher/Staff: _____ Position: _____

Name(s) of victim(s)	Name(s) of student(s) bullying	Name(s) of witnesses/bystanders

Information about the Victim														
Grade	Gender			Race										
		Male		Female		African American		Asian/Pacific Islander		Hispanic		Native American		White

Information about the Student Bullying														
Grade	Gender			Race										
		Male		Female		African American		Asian/Pacific Islander		Hispanic		Native American		White

Check the Behaviors that Apply									
Verbal: Involves saying or writing mean things.									
	Teasing		Name-calling		Taunting		Threatening to harm		
	Defacing or falsifying schoolwork		Insulting/degrading graffiti		Cyber-bullying		Other:		
Social/Relational: Involves hurting someone's reputation or relationships.									
	Leaving someone out on purpose		Telling others not to be friends with someone		Spreading rumors about someone		Embarrassing someone in public		
	Threatening another to secure silence		Ignoring someone to punish or coerce		Playing mean tricks		Other:		
Physical: Involves hurting someone or harming their possessions.									
	Starting a fight		Cornering or blocking movement		Pushing/Shoving		Pinching		
	Scratching		Hair pulling		Spitting		Slapping		
	Kicking		Tripping		Biting		Hitting		
	Destroying or defacing property		Theft		Assault		Assault with a weapon		
	Sexual Assault		Rape		Using negative body language or facial expressions		Other:		

Where did the bullying happen? (check all that apply)					
Bathroom		Hallway		In class with teacher	In class without teacher
Cafeteria		To/From School		Bus Stop	Bus
Playground		Auditorium		Gymnasium	School Sponsored Event Area
Other:					

Principal of School Investigating this Report: _____

Date and Time of Investigation: _____

Students, Teachers, Staff Interviewed		
Name(s) of victim(s)	Name(s) of student(s) bullying	Name(s) of witnesses/bystanders

Findings of Investigation:

Description of Resolution:

Date resolution completed: _____

Repeat bullying offender? Yes No Parent contacted? Yes No

Referral to guidance counselor? Yes No

Based on Administrator's investigation, was this incident deemed an act of bullying? Yes No

If so, was bullying act based on one of the following involved:

Race, color or national origin _____

Sex or gender-based discrimination _____

Disability _____

Use of electronic technology _____

Is this case still pending? Yes No

----- For Central Office Use Only -----

Complaint manager: _____

Resolution approved? Yes No