La Center School District No. 101
Harassment, Intimidation or Bullying - Incident Reporting Form

Reporting person (optional): ______________________________________________________

Targeted student: ________________________________

Your email address (optional): ____________________________________________________

Your phone number (optional): ___________________________ Today’s date: ________________

Name of school adult you’ve already contacted (if any): ________________________________

Name(s) of aggressor(s) (if known):

On what date(s) did the incident(s) happen (if known):

Where did the incident happen?  Circle all that apply.
Classroom  Hallway  Restroom  Playground  Locker room  Lunchroom/Cafeteria
Sport field  Gym  Parking lot  School bus  Online/Internet  Cell phone
During a school activity  Off school property  On the way to/from school
Other (Please describe.) ______________________________________________________

Please circle the action that best describes what the bully did. Please choose all that apply.

Damage to property  Gossip  Repeated behavior
Derogatory comments  Intimidation directed at me  Sexual stories/jokes/pictures
Disrespectful comments  Name calling  Sexual Orientation Slurs
Electronic / Cyberbullying  Offensive writing or graffiti  Slurs, rumors, jokes
Excluding me from activities  Physical harm or threats of harm  Spreading rumors
Hazing (Club, team, class, other)  Pranks  Threats (to me, friends, school)
Gender slurs  Put downs  Touching / grabbing
Gestures (Explain)  Racial slur(s)  Blocked movement

Other: (Please describe)

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

3207F
Adopted 4/26/17
Why do you think this occurred?
____________________________________________________________________________________
____________________________________________________________________________________

Were there any witnesses? Yes / No If yes, please provide their names:
____________________________________________________________________________________
____________________________________________________________________________________

Did a physical injury result from this incident? Yes / No If yes, please describe.
____________________________________________________________________________________

Was the targeted student absent from school as a result of the incident? Yes / No If yes, please describe.
____________________________________________________________________________________
____________________________________________________________________________________

Are there any notes, pictures, texts, screenshots or other evidence of the event(s) you are reporting?
____________________________________________________________________________________
____________________________________________________________________________________

Is there any additional information you can add?
____________________________________________________________________________________
____________________________________________________________________________________

Thank you for reporting!

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For Office Use
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Received by: ____________________________________________________________

Date received: __________________________________

Action taken: __________________________________________________________________________

Parent/guardian contacted:
____________________________________________________________________________________

Circle one:  Resolved / Unresolved    Referred to: ________________________________