

2018-2019
Bullying /Harassment/Discrimination/Hazing Report Form
 This form is available at www.dekalb.k12.ga.us/student-relations.
PLEASE PRINT ALL INFORMATION LEGIBLY.

Today's Date ____/____/____ School _____-

Person Reporting Incident: Name _____ Do you want to remain anonymous? Yes No (If yes, do not write in name)

Circle one: Victim/Target Concerned Student Parent/Guardian Relative Concerned Person Faculty/Staff

Telephone _____ - _____ - _____ E-mail _____

1. Name of student victim _____ School _____ Grade _____ Race _____
 Gender _____

2. Name(s) of alleged offender(s) _____ School _____ Grade _____ Race _____
 Gender _____

3. Has this student been bullied, harassed, discriminated against or hazed on previous occasions? Yes No Don't Know

4. On what date(s) did the incident(s) happen?

____/____/____ Time: _____ AM/PM _____/____/____ Time: _____ AM/PM
 Mo. Day Year Mo. Day Year

5. Where did the incident(s) happen? (Choose all that apply.)

- On school property (Please circle): Classroom Hallway Cafeteria Gym/Locker Room Other
- At a school-sponsored activity or event off school property
- On a school bus (Please circle): AM/PM
- On the way to/from school (Please circle: AM/PM)
- Online

6. Place an X next to the statement(s) that best describes what happened (Choose all that apply.):

- Harassment (race/ethnicity, color, religion, national origin, gender, disability, sexual orientation, gender identity, etc.)
- Physical Violence (hitting, kicking, shoving, spitting, hair pulling, or throwing something)
- Persuading another person to hit or harm the student
- Verbal (teasing, name-calling, making critical remarks, or threatening, in person or by other means)
- Hazing
- Extortion
- Intimidating or making rude and/or threatening gestures
- Exclusion (excluding or rejecting the student)
- Spreading harmful rumors or gossip or Public Humiliation
- Cyberbullying/Cyberstalking (Circle one: During School/After School)

7. Motivation of the bullying/harassment/discrimination/hazing. (Check one):

__Race/Color__Religion __Gender __Gender Identity/Sexual Orientation __Physical/Mental Disability
 __National Origin/Ethnicity __Other __General

Briefly describe the incident as reported to you or attach a written statement and any materials provided:

This report has been submitted to (Circle): Principal Principal's Designee Regional Superintendent (Name)

____/____/____
 Date Submitted

 Print Name

 Signature

Distribution: Original to Principal/Principal's Designee; Copy for student records, copy for submitter

Revised 7-02-18