



Bullying, Harassment, or Intimidation Reporting Form

ISD 813 Form _____
January 2012

Department of Student Services
LAKE CITY PUBLIC SCHOOLS - Lake City, Minnesota 55041

This form is to be confidentially maintained in accordance with Lake City Policy 545 Protection and Privacy of Pupil Records.

Directions: Bullying, harassment, and intimidating behaviors are potentially harmful and are not acceptable. This form should be used to report alleged bullying, harassment, or intimidation that has allegedly occurred on school property, at a school-sponsored activity, or an event off school property, on a school bus, or on the way to and/or from school, in the current school year. If you are a student victim, the parent/guardian of a student victim, a close adult relative of a student victim, or a school staff member and wish to report an incident of alleged bullying, harassment, or intimidation, please complete this form and return it to the Principal's Office of the student victim's school. Please contact the respective principal for additional information or assistance at any time.

Bullying, harassment, or intimidation means intentional conduct, 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, or performances, or with a student's physical or psychological well-being and is:

- motivated by an actual or a perceived personal characteristic including race, national origin, marital status, sex, sexual orientation, gender identity, religion, ancestry, physical attributes, socioeconomic status, familial status, or physical or mental ability or disability; or,
- threatening or seriously intimidating; and,
- occurs on school property, at a school activity or event, or on a school bus; or,
- substantially disrupts the orderly operation of a school.

Today's date ____/____/____ School _____ School System _____

Person Reporting Incident: Name _____

Telephone _____ - _____ - _____ E-mail _____

Place an in the appropriate box:

- Student Student (witness/bystander) Parent/Guardian Close Adult Relative School Staff Member

1. Name of student victim _____ Age _____

2. Name(s) of alleged offender(s) (if known)(Please print)	Age	School (if known)	Is he/she a student?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

3. On what date(s) did the incident happen? ____/____/____
Mo. / Day / Year Mo. / Day / Year Mo. / Day / Year

4. Where did the incident happen (choose all that apply)?

- On school property At a school-sponsored activity or event off school property
 On a school bus On the way to/from school

5. 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
 Encouraging another person to hit or harm the student
 Teasing, name-calling, making critical remarks, or threatening in person, or by other means
 Demeaning and making the victim of jokes
 Excluding or rejecting the student Making rude and/or threatening gestures
 Spreading harmful rumors or gossip Intimidating (bullying), extorting, or exploiting
 Electronic communications (specify) _____
 Other (specify) _____

6. What did the alleged offender(s) say or do? _____

_____ (Attach a separate sheet if necessary)

7. Explain why you believe the bullying, harassment, or intimidation occurred? _____

_____ (Attach a separate sheet if necessary)

8. Did a physical injury result from this incident? Place an next to one of the following:

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

9. If there was a physical injury, do you think there will be permanent effects? Yes No

10. Was the student victim absent from school as a result of the incident? Yes No

If yes, how many days was the student victim absent from school as a result of the incident: _____

11. Did a psychological injury result from this incident? Place an next to one of the following:

- No
- Yes, but psychological services have not been sought
- Yes, and psychological services have been sought

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

_____ (Attach a separate sheet if necessary)

_____/_____/_____
Signature Date