

BILLINGS PUBLIC SCHOOLS

Harassment/Intimidation/Bullying Incident Reporting Form



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: