



Bullying, Harassment, or Intimidation Reporting Form

East Granby Middle School
95 South Main Street
East Granby, CT 060267
860-653-7113 Fax 860-413-9126

Directions: Bullying, harassment, and intimidation are serious and will not be tolerated. This is a form to report alleged harassment and intimidation (bullying) that occurred on school property; at a school-sponsored activity or 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, or 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, complete this form and return it to the Principal at East Granby Middle School. Contact the school for additional information or assistance at any time.

Bullying-Effective 2008, the definition of "bullying" means any overt acts by a student or a group of student directed against another student with the intent to ridicule, harass, humiliate or intimidate the other student while on school grounds, at a school-sponsored activity or on a school bus where acts are repeated more than once against any student during the school year. Such bullying policies may include provisions addressing bullying outside of the school setting if it has a direct and negative impact on a student's academic performance or safety in school.

Today's date: _____ / _____ / _____
Month Day Year

School: _____

PERSON REPORTING INCIDENT (OPTIONAL)

Name: _____

Telephone: _____

E-mail: _____

Place an X in the appropriate box: Student Parent/guardian Close adult relative School Staff

1. Name of student victim: _____ Age: _____
(Please print)

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?:
_____/_____/_____
Month Day Year _____/_____/_____
Month Day Year _____/_____/_____
Month 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):

- Hitting, kicking, shoving, spitting, hair pulling, or throwing something
- Getting 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
- Making rude and/or threatening gestures

- Excluding or rejecting the student
- Intimidating (bullying), extorting, or exploiting
- Spreading harmful rumors or gossip
- Other (specify) _____

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

(Attach a separate sheet if necessary)

7. Why did the harassment or intimidation (bullying) occur? _____

(Attach a separate sheet if necessary)

8. List witness(s) that were present: _____

9. How did you learn about the bullying? _____

(Attach a separate sheet if necessary)

10. Did a physical injury result from this incident? Place an X next to one of the following:
 No Yes, but it did not require medical attention Yes, and it required medical attention

11. 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? _____

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

(Attach a separate sheet if necessary)

Signature: _____ Date: _____

Student Signature: _____ Date: _____

Received by: _____ Date: _____