

# Bullying Behavior Reporting Form

Neshannock Junior High School  
3834 Mitchell Road

This form is to confidentially maintained in accordance with the Federal Educational Rights and Privacy Act, 20 U.S.C. § 1232g.

**Directions:** Bullying is serious and will not be tolerated. This is a form to report alleged 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, a close adult relative of a student victim, or a school staff member and wish to report an incident of alleged bullying, complete this form and return it to the Principal or School Counselor.

**Bullying means intentional verbal, physical, or written (including electronic) conduct that creates a hostile environment and substantially interferes with educational benefits, opportunities or performance, or with a student's physical or psychological well-being and is motivated by an actual or perceived personal characteristic, such as race, national origin, sex, sexual orientation, gender identity, religion or disability, or is threatening or seriously intimidating.**

Today's date \_\_\_\_/\_\_\_\_/\_\_\_\_

Person Reporting Incident: Name \_\_\_\_\_

Telephone \_\_\_\_-\_\_\_\_-\_\_\_\_ E-mail \_\_\_\_\_

Place an X in the appropriate box:  Student  Parent/Guardian  School Staff

1. Name of student victim \_\_\_\_\_ Grade \_\_\_\_\_

2. Name(s) of alleged offender(s) (please print)	Grade
a.	
b.	
c.	
d.	
e.	

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)

- Hitting, kicking, shoving, spitting, hair pulling, or throwing something  
 Getting another person to hit or harm the victim  
 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 victim  
 Intimidating, extorting or exploiting  
 Spreading 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 bullying occur?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (Attach a separate sheet if necessary)

8. 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

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 X 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)

**Parent Notification:**

Have you contacted the parent/guardian of the student(s) victim?  Yes  No

Have you contacted the parent/guardian of the student(s) who have exhibited bullying behavior?  Yes  No

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo. Day Year