

**POLK COUNTY PUBLIC SCHOOLS  
HARASSMENT OR BULLYING REPORTING FORM**

Directions: Harassment and bullying are serious and will not be tolerated. If you are a student, the parent/guardian of a student, a volunteer or visitor, and wish to report an incident of alleged harassment and/or bullying, complete this form and return it to the Principal at the student's school. All school employees are required to report alleged violations. Contact the school for additional information or assistance at any time. This form can be completed anonymously by omitting signature and name. **Every** reported act of bullying or harassment will be investigated, and parents will be informed.

Name of student victim: (Please print) \_\_\_\_\_ Student # \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_

Today's date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Name(s) of alleged offender(s) (If known): (Please print) Age Grade School Is he/she a student?  
\_\_\_\_\_  
 Yes  No  
\_\_\_\_\_  
 Yes  No

On what date (s) did the incident happen?  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_    \_\_\_\_/\_\_\_\_/\_\_\_\_\_    \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Month Day Year    Month Day Year    Month Day Year

Where did the incident happen (choose all that apply)?  
 On school property     At a school-sponsored activity or event off school property     At bus stop  
 On a school bus     On the way to/from school     On computer

Place an X next to the statement(s) that best describes what happened (choose all that apply):  
 Teasing     Threat     Stalking     Theft     Cyber bullying  
 Social exclusion     Intimidation     Physical violence     Public humiliation

What did the alleged offender(s) say or do? \_\_\_\_\_  
\_\_\_\_\_

(Attach a separate sheet if necessary)

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

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? \_\_\_\_\_

Is there any additional information you would like to provide? \_\_\_\_\_  
\_\_\_\_\_

(Attach a separate sheet if necessary)

NAME OF PERSON REPORTING INCIDENT \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: (optional) \_\_\_\_\_  
Place an X in the appropriate box:  Student     Parent/guardian     Close adult relative

Signature: \_\_\_\_\_ Date: \_\_\_\_\_