Auburn School District
Harassment, Intimidation & Bullying
Incident Report Form

Instructions: Harassment, intimidation and bullying are serious offenses and will not be tolerated. If you have been a witness to or suspect a bullying offense, please complete the form below and return it to the principal’s office at your school or to the district office. This form may be completed anonymously but no disciplinary action will be taken based solely on the basis of an anonymous report or phone call.

Today’s Date: ______________ Name of Targeted Student: _____________________________________________

Age: ______________ Grade: ______________ Student #: ______________________________________________

Name of School: ___________________________________________________________________________________

Person Reporting Incident: ____________________________________________ ☐ I prefer to remain anonymous

Relationship to Targeted Student: ☐ Self ☐ Witness/Bystander ☐ Parent/Guardian
☐ School Staff ☐ Close Adult Relative ☐ Other: ____________________

<table>
<thead>
<tr>
<th>Name(s) of Bullies, if known:</th>
<th>Student</th>
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<tbody>
<tr>
<td></td>
<td>Yes</td>
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<tr>
<th>Name(s) of Witnesses/Bystanders, if known:</th>
<th>Student</th>
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<td></td>
<td>Yes</td>
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Date(s) of Incident(s): __________________________________________________________________________

School adults already contacted: __________________________________________________________________

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<tr>
<th>Is this an ongoing issue?</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
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Have you witnessed the accused bully exhibit bullying/harassing behavior toward you, the targeted student or other students before?
If yes, how many times? ______

Was a report filed for the previous times?
If yes, when: ____________________________

Where did this incident occur? (Check all that apply.)

**At School**
- ☐ Classroom
- ☐ Cafeteria
- ☐ Locker Room
- ☐ Hallway or Lockers
- ☐ Restroom
- ☐ Other (describe): ________________________________________________

**On School Property**
- ☐ School Club/Activity
- ☐ Parking Lot
- ☐ Grounds/Common Areas
- ☐ Sport Field
- ☐ Gym

**Off School Property**
- ☐ School-Sponsored Activity
- ☐ School Bus/Bus Stop
- ☐ Way to/from School
- ☐ Internet/Social Media
- ☐ Cell Phone/Text
Please check the statement below that best describes what happened. (Check all that apply.)

- Physical violence (hitting, kicking, shoving, etc.)
- Getting another person to harm the targeted student
- Threats/intimidation
- Teasing/name calling/critical remarks
- Demeaning and making student a target of jokes
- Rude or threatening gestures
- Spreading lies/rumors/gossip
- Electronic communication or “Cyber Bullying” (describe): _______________________________________________
- Other: _________________________________________________________________________________________

Please describe what happened in your own words, including what the alleged offender(s) said or did (attach a separate sheet, if needed):

Why do you think the incident(s) happened? (attach a separate sheet, if needed):

<table>
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<tr>
<th>Did physical injury result from this incident?</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
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<tbody>
<tr>
<td>If yes, was medical attention required?</td>
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<td>If there was physical injury, will the targeted student have permanent effects as a result?</td>
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<td>Was the targeted student absent from school because of the incident?</td>
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<td>If yes, number of days absent: __________</td>
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<td>Did a psychological injury result from this incident?</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
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<td>If yes, were psychological services sought?</td>
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Please list or attach any evidence of bullying or harassment (i.e. texts, notes, photos, etc) or other relevant information:

I certify that the information provided above is accurate and true to the best of my knowledge.

Signature: ___________________________ Date: ___________________________

Name: ___________________________ Title: ___________________________

Phone: ___________________________ Email: ___________________________