

Initial Harassment/Intimidation/Bullying Form- #1

Submitted by: _____ Date Submitted: _____

Must be submitted within TWO school days of verbal report.

Use this form to report students who have been involved in a harassment/bullying situation.

School: Edison Jennings Stoy Strawbridge Van Sciver
 Rohrer High School

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Student(s) allegedly Initiating Bullying/Harassment:

_____ Grade: _____

_____ Grade: _____

_____ Grade: _____

Student(s) Affected:

_____ Grade: _____

_____ Grade: _____

_____ Grade: _____

Type of Harassment alleged: Race Color Religion Ancestry
 National Origin Gender Sexual Orientation Gender Identity & Expression
 Mental, Physical, or Sensory Disability Other

Behavioral Observations:

Check all spaces below that apply.

- Cyber-Related Embarrassing Eye rolling/gesturing Hurtful Graffiti
- Hurtful Teasing Inapp. Touching Insulting Remarks Kicking
- Pinching Pushing Restraining Sending Nasty Notes
- Slapping Socially Excluding Spitting Spreading Rumors
- Stalking Staring Stealing Threats
- Tripping
- Other _____

Description of the incident:

(Further information may be placed on the back)

Witnesses present: _____
