



Linking Learning to Life

Marshall County School System Bullying/Harassment Report Form

This form is used to identify a possible incident of bullying. The staff person who observes the conduct or receives the complaint should complete this form, not the complaining student or staff. Copies of this form should be forwarded to the Central Office complaint manager for follow up.

Date of report: _____ Date and Time of Incident: _____

School: _____ LEA: _____

Teacher/Staff: _____ Position: _____

Name(s) of victim(s)	Name(s) of student(s) bullying	Name(s) of witnesses/bystanders

Information about the Victim									
Grade	Gender			Race					
	Male		Female	African American	Asian/Pacific Islander	Hispanic	Native American		White

Information about the Student Bullying									
Grade	Gender			Race					
	Male		Female	African American	Asian/Pacific Islander	Hispanic	Native American		White

Check the Behaviors that Apply				
Verbal: Involves saying or writing mean things.				
Teasing	Name-calling	Taunting	Threatening to harm	
Defacing or falsifying schoolwork	Insulting/degrading graffiti	Cyber-bullying	Other:	
Social/Relational: Involves hurting someone's reputation or relationships.				
Leaving someone out on purpose	Telling others not to be friends with someone	Spreading rumors about someone	Embarrassing someone in public	
Threatening another to secure silence	Ignoring someone to punish or coerce	Playing mean tricks	Other:	
Physical: Involves hurting someone or harming their possessions.				
Starting a fight	Cornering or blocking movement	Pushing/Shoving	Pinching	
Scratching	Hair pulling	Spitting	Slapping	
Kicking	Tripping	Biting	Hitting	
Destroying or defacing property	Theft	Assault	Assault with a weapon	
Sexual Assault	Rape	Using negative body language or facial expressions	Other:	

Date resolution completed: _____

Repeat bullying offender? Yes No Parent contacted? Yes No

Referral to guidance counselor? Yes No

Based on Administrator's investigation, was this incident deemed an act of bullying? Yes No

If so, was bullying act based on one of the following involved:

Race, color or national origin _____

Sex or gender-based discrimination _____

Disability _____

Use of electronic technology _____

Is this case still pending? Yes No

----- For Central Office Use Only -----

Complaint manager: _____

Resolution approved? Yes No