



Bullying, Harassment, or Intimidation Reporting Form

5951 Patton Street, New Orleans LA 70115 • Office: 504.620.5500 | Fax: 504.875.2441

THIS FORM IS TO BE MAINTAINED IN ACCORDANCE WITH THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACTS, 20 U.S.C. § 1232G

Today's Date: _____

Person reporting Incident: _____

Telephone: (____) _____ - _____ Email address: _____

Place an X on appropriate option:

____ Faculty/Staff ____ Parent/guard ____ Family Member ____ Student

Name of student victim _____

Table with 3 columns: 2. Name of alleged offender(s) (if known) (please print), Age, Is he/she a student? with 4 empty rows.

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 school-sponsored activity or event off school property ____ Cyber bullying
____ On a school bus ____ On the way to/from school ____ Outside of 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 student
____ Teasing, name calling, making critical remarks, or threatening, in person or other means
____ Demeaning and making the victim of jokes
____ Making rude or threatening gestures
____ Excluding or rejecting the student
____ Intimidating (bullying), extorting, or exploiting
____ Spreading harmful 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 harassment or intimidation (bullying) occur? _____

(Attach a separate sheet if necessary)

8. List witness(s) that were present: _____

9. How did you learn about the bullying? _____

10. Did a physical injury result from another incident? Place an X next to one of the following:

_____ No _____ Yes, But it did not require medical attention _____ Yes, it did require medical attention

11. If there was a physical injury, do you think there will be permanent effects? _____ Yes _____ No

12. Was the student victim absent from school as a result of the incident? _____ Yes _____ No

If yes, how many days was the victim absent from school because of the incident? _____

13. Did a psychological injury result from the incident? Place an X next to one of the following:

_____ No _____ Yes, but psychological services have not been sought
 _____ Yes, psychological services have been sought

14. Is there any additional information you would like to provide?

(Attach a separate sheet if necessary)

I hereby certify that the information provided in this complaint is true, and correct and complete to the best of my knowledge.

| | |
|-------------------------------------|-------------------|
| _____ | _____/_____/_____ |
| <i>Signature</i> | |
| _____ | _____/_____/_____ |
| <i>(optional) Student Signature</i> | |
| _____ | _____/_____/_____ |
| <i>Received by</i> | |

This form is to be confidentially maintained in accordance with the FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACTS, 20 U.S.C. § 1232G
*All incidences will be investigated, but not every incident will result in school discipline.