

## Bullying/Harassment Incident Report Form

Oklahoma School Security Act (70 O.S. § 24-100.3) requires each district to "...adopt a policy for the control and discipline of all children attending public school in that district, and for the investigation of reported incidents of harassment, intimidation, bullying, or threatening behavior." This report form will assist districts in collecting reported incidents of such behavior.

### Reporting Person Information (optional)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### Incident Details

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

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Room/Location: \_\_\_\_\_

Student Affected:

\_\_\_\_\_ Grade: \_\_\_\_\_ Class: \_\_\_\_\_

Student(s) Initiating Bullying/Harassment:

\_\_\_\_\_ Grade: \_\_\_\_\_ Class: \_\_\_\_\_

\_\_\_\_\_ Grade: \_\_\_\_\_ Class: \_\_\_\_\_

Witness: \_\_\_\_\_

Witness: \_\_\_\_\_

### Type of Alleged Harassment

☐ Racial    ☐ Sexual    ☐ Religious    ☐ Other \_\_\_\_\_

If you checked any item above and you are not getting help from the district, contact the US Department of Education's Office of Civil Rights to file a complaint.

☐ Yes, this is a repeated offence.

☐ No, this is a one-time incident.

Check all spaces below that apply. Inappropriate behaviors include:

<input type="checkbox"/> Gesture, written, or verbal expression	<input type="checkbox"/> Verbal fight <input type="checkbox"/> Written or verbal threat <input type="checkbox"/> Written note <input type="checkbox"/> Written or verbal rumors <input type="checkbox"/> Seclusion <input type="checkbox"/> Embarrassing the student <input type="checkbox"/> Other: _____
<input type="checkbox"/> Physical Act	<input type="checkbox"/> Physical fight <input type="checkbox"/> Physical injuries <input type="checkbox"/> Other: _____

<input type="checkbox"/> Electronic communication	Identify the component used: <input type="checkbox"/> Cell phone <input type="checkbox"/> Audio or visual image <input type="checkbox"/> Instant message/email <input type="checkbox"/> Gaming <input type="checkbox"/> Social Networking <input type="checkbox"/> Blog <input type="checkbox"/> Other: _____
<input type="checkbox"/> Damage of student's property	<input type="checkbox"/> Property damage <input type="checkbox"/> Stolen or missing property <input type="checkbox"/> Other: _____
<input type="checkbox"/> Reasonable fear of harm to person or property	<input type="checkbox"/> Fear of harm to person <input type="checkbox"/> Fear of harm to property <input type="checkbox"/> Other: _____
<input type="checkbox"/> Disrupt or interfere with school's educational mission or the education of student.	<input type="checkbox"/> Changes in attendance: absences, tardies <input type="checkbox"/> Missing classes/parts of school day <input type="checkbox"/> Changes in grades <input type="checkbox"/> Changes in participation of school activities <input type="checkbox"/> Avoidance of elements: lunch, bus, recess <input type="checkbox"/> Other: _____

Additional details of the incident:

---



---



---



---



---

Physical evidence: ☐ Graffiti ☐ Notes ☐ E-mail ☐ Web sites \_\_\_\_\_  
☐ Video/audiotape ☐ Other \_\_\_\_\_

Was the affected student absent from school as a result of this incident? ☐ Yes ☐ No

What was the reason? \_\_\_\_\_

How many days? \_\_\_\_\_

Has a complaint relevant to this incident been filed before?

Where: \_\_\_\_\_ With Whom: \_\_\_\_\_ When: \_\_\_\_\_

**I agree that all of the information is accurate and true to the best of my knowledge.**

Signature (optional): \_\_\_\_\_ Date: \_\_\_\_\_