



*"It takes a whole village to raise a child"*

### Harassment – Intimidation – Bullying Referral Form

Date of Alleged Incident: \_\_\_\_\_ Reporting Person: \_\_\_\_\_

Alleged Victim(s): \_\_\_\_\_

Alleged Defender(s): \_\_\_\_\_

Check all actual perceived characteristics that were or may have been motivational factors in the alleged bullying incident:

- |   |  |
|---|--|
| <input type="checkbox"/> Race                                     | <input type="checkbox"/> Color   |
| <input type="checkbox"/> Religion                                 | <input type="checkbox"/> Ancestry  |
| <input type="checkbox"/> National Origin                          | <input type="checkbox"/> Gender  |
| <input type="checkbox"/> Sexual Orientation                       | <input type="checkbox"/> Gender Identity and Expression                        |
| <input type="checkbox"/> Mental or Physical or Sensory Disability | <input type="checkbox"/> OTHER actual or perceived characteristic (list below) |

Indicate how you learned that a student may have been the victim of harassment, intimidation or bullying:

- |   |   |
|---|---|
| <input type="checkbox"/> Witnessed incident | <input type="checkbox"/> Informed by alleged victim |
| <input type="checkbox"/> Anonymous          | <input type="checkbox"/> Informed by another person |

Where did the bullying happen (Check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> In class with teacher | <input type="checkbox"/> In class without teacher  |
| <input type="checkbox"/> Bathroom lineup area  | <input type="checkbox"/> Lunchroom                 |
| <input type="checkbox"/> To/From school        | <input type="checkbox"/> Bus stop/Other (explain)  |
| <input type="checkbox"/> Recess                | <input type="checkbox"/> Electronic/Cyber Bullying |

Person(s) the victim has spoken to about the bullying incident (Check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Teacher        | <input type="checkbox"/> Parent/Guardian       |
| <input type="checkbox"/> Sibling/Friend | <input type="checkbox"/> Other adult at school |

Explain what you witnessed: \_\_\_\_\_



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List below any person who you know or have reason to believe may have relevant information and indicate if student, parent, staff member or other.

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Describe nature of alleged harassment, intimidation or bullying. Include any gesture any relevant written verbal or physical act(s) or any electronic communication (attach additional sheets if necessary).

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Repeat bullying offender:     Yes     No

Identify what harm you believe or may have been caused by the alleged incident. Check all that apply:

- Substantial disruption or interference with orderly operation of school or rights of others
- Physical or emotional harm
- Insulting or demeaning
- Creates a hostile educational environment
- Interferes with student's education

Describe in narrative form what harm you believe was caused to the student and the basis for your belief:

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Please add any other pertinent information on reverse of form.

\_\_\_\_\_  
Anti-Bullying Specialist

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator

\_\_\_\_\_  
Date