

ALBERTVILLE CITY SCHOOLS BULLYING/HARASSMENT INCIDENT REPORT FORM

NOTE: Administrator MUST be notified for all bullying/harassment claims.

A student, parent or guardian, or staff member may file a complaint of harassment, intimidation, or bullying pursuant to Board policy. Complete this form and submit to the building principal. Results of the investigation will determine the disciplinary action taken. A complainant that falsely accuses someone will also be subject to disciplinary action. Parent/guardian must be contacted. Leaving a message is not a parent/guardian contact.

Staff Student Parent Volunteer

Name _____ School Building _____
Person Submitting Complaint

Name(s) of Persons initiating Harassment _____

Type of Bullying/Harassment alleged:

Racial Sexual Religious Other _____

Check all spaces below that apply.

- | | |
|--|---|
| <input type="checkbox"/> Name Calling | <input type="checkbox"/> Spitting |
| <input type="checkbox"/> Stalking | <input type="checkbox"/> Demeaning Comments |
| <input type="checkbox"/> Inappropriate Gesturing | <input type="checkbox"/> Stealing |
| <input type="checkbox"/> Staring/Leering | <input type="checkbox"/> Damaging Property |
| <input type="checkbox"/> Writing/Graffiti | <input type="checkbox"/> Shoving/Pushing |
| <input type="checkbox"/> Threatening | <input type="checkbox"/> Hitting/Kicking |
| <input type="checkbox"/> Taunting/Ridiculing | <input type="checkbox"/> Flashing a Weapon |
| <input type="checkbox"/> Intimidation/Extortion | <input type="checkbox"/> Cyberbullying |
| <input type="checkbox"/> Inappropriate Sexual Advancements | <input type="checkbox"/> Texting/cell phone |
| <input type="checkbox"/> Other _____ | |

Describe the incident: _____

NOTE: Attach any evidence of harassment or bullying (i.e. letters, photos, provide cell phone texts, etc.)

Yes, the incident involved physical injury No, physical injury was not involved

Names of witnesses: _____

Physical evidence: Graffiti Notes E-mail Web Sites _____
 Video/audiotape Other _____

Resource Officer/Police Department notified? Yes No

Signature _____ Date _____
Complainant

OFFICE USE ONLY

Administrator Notified _____ Date/Time _____

Substantiated Report (Action Taken) Unsubstantiated Report (No Action Taken)

During conversation student mentioned hurting themselves Yes No If yes, explain _____

Was student referred to School Counselor? Yes No If yes, Date Referred: _____

Parent(s) contacted: Father Mother Guardian Name _____ Date Contacted _____

Administrative Notes On Back of Form _____