**Harassment / Bullying Report**

**NAME: ADMIN. INVESTIGATING: DATE:**

**Are you being harassed or bullied? Do you feel the reason is because of your race/color, religion, national origin, gender, sexual orientation, or disability?**

**Who is harassing or bullying you? What is happening?**

**Is the harassment or bullying happening at school? Where? Witnesses?**

**Are you friends with this person? Do you sit with him/her at lunch? Do you have classes together? Do you have any mutual friends?**

**How often does the harassment or bullying happen…..daily, weekly, once, twice, a couple of times?**

**Is it making it hard for you to come to school or learn?**

**On a level of 1-10, with 1 being not at all and 10 being completely fearful, how much is this threatening your safety or the safety of others?**

**On a level of 1-10, with 1 being not at all and 10 being unbearable, how much is this bothering your mental or physical well-being?**

**Have you told an adult about the harassment or bullying before today? If so, who and when?**

**How can we help with this situation?**

**Additional details of the harassment or bullying….**

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**DETERMINATION:**

***Check Below:***

|  |  |
| --- | --- |
|  | **Bullying** |
|  | **Harassment** |
|  | **Not HIB, but unacceptable behavior/actions** |
|  | **Mutual conflict between students** |
|  | **Inconclusive based on evidence/information** |

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**ACTION PLAN:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Check**  **Below:** | **Actions** | **Details** | **Date** |
|  | **School Discipline** |  |  |
|  | **Warning of Harassment or Bullying** |  |  |
|  | **No Contact Order or Note of Understanding** *(for perpetrator)* |  |  |
|  | **Safety Plan** *(for victim)* |  |  |
|  | **Provide and Explain Board Policy** *(for perpetrator)* |  |  |
|  | **Provide and Explain Board Policy** *(for victim)* |  |  |
|  | **Preventative and/or Remedial Measures** |  |  |
|  | **Training / Education** *(for perpetrator)* |  |  |
|  | **Training / Education** *(for victim)* |  |  |
|  | **Mediation** |  |  |
|  | **Inform necessary school personnel** |  |  |
|  | **Contact parent/guardian** *(for perpetrator)* |  |  |
|  | **Contact parent/guardian** *(for victim)* |  |  |
|  | **Inform District Harassment Coordinator** |  |  |
|  | **Student Complaint Form, witness statements, additional pieces of evidence/notes/items from investigation on file with administration.** |  |  |