Housatonic Valley Regional High School

Falls Village, CT

Bullying, Harassment or Intimidation Report Form

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Note to Person Reporting: This form will be confidentially maintained in accordance with the Family Educational Rights and Privacy Act (FERPA) and will not be shared with anyone except those working to assist in this important matter. | | | | |
| Name of Person Reporting (Optional): | | | | Grade: |
| Name of Alleged Victim/Person being hurt: | | | | Grade: |
| Name of Alleged Offender(s): | | | | Grade: |
| Witness(es): | | | | |
| Date of incident/When did this happen? | | Time: | Location/Place: | |
| Place an  next to the statement(s) that best describes what happened:   |  |  |  |  | | --- | --- | --- | --- | |  | Physical aggression (shoving, punching, etc.) |  | Exclusion or rejection of the student | |  | Getting another student to hit/harm student |  | Spreading rumors/gossip | |  | Teasing, name calling, criticizing, or threatening |  | Making rude and/or threatening gestures | |  | Intimidating, extorting, or exploiting |  | Electronic communication | |  | Other: | | | | | | | |
| What did the alleged offender(s) say or do? | Please describe:  (Attach a separate sheet if necessary) | | | |
| How often/many times has this happened? |  | | | |
| Why did the harassment, bullying, or intimidation occur? | Please describe:  (Attach a separate sheet if necessary) | | | |
| I have read this document and agree this summary is a true and accurate record of my report.  I agree that this information is the truth.  Signature: Date: / / . | | | | |

|  |  |
| --- | --- |
| For Staff Use Only: | |
| Administrative Investigation Notes: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Bullying Verified? | |  |  | | --- | --- | | Yes  No | Electronic communication | |
| Remedial Action Taken: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Notification of Parents of Students Involved | Date:  Notify parents about how to access the full school policy. |
| Meetings with Parents of Students Involved | Date: |