

Helen Keller Middle School

Bullying/Harassment Report Form

This form is confidential

Person Reporting Incident

Name (optional): _____ Today's Date: _____

I am a: Student at HKMS Parent of a Student at HKMS Staff Member of HKMS

Incident Information

Date of Incident: _____ Time of Incident: _____

Name of Bully(ies): _____

Name of Victim(s): _____

Name of Witness(es): _____

Location of Incident

(Check all that apply):

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Gym |
| <input type="checkbox"/> Outside | <input type="checkbox"/> Hallway |
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Bathroom |
| <input type="checkbox"/> Locker Room | <input type="checkbox"/> School Bus |
| <input type="checkbox"/> Other (be specific): _____

_____ | |

Describe the Incident (Check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Making rude and/or threatening gestures | <input type="checkbox"/> Getting another person to hit or harm a student |
| <input type="checkbox"/> Excluding or rejecting the student | <input type="checkbox"/> Teasing, name calling, making critical remarks or threatening, in person or by other means |
| <input type="checkbox"/> Spreading harmful rumors or gossip | <input type="checkbox"/> Making demeaning jokes about a student |
| <input type="checkbox"/> Intimidating | <input type="checkbox"/> Cyberbullying |
| <input type="checkbox"/> Hitting, kicking, shoving, spitting, hair pulling or throwing something at a student | |
| <input type="checkbox"/> Other: _____ | |

Is there any additional information you would like to provide? _____

Signature of person filing report: _____