



SIDNEY PUBLIC SCHOOLS

Harassment/Intimidation/Bullying Incident Reporting Form

The SPS Board will strive to provide a positive and productive learning and working environment. Bullying, harassment, intimidation, or hazing by students, staff, or third parties is strictly prohibited and shall not be tolerated.

Definitions. (1) "Bullying" means any harassment, intimidation, hazing, or threatening, insulting, or demeaning gesture or physical contact, including any intentional written, verbal, or electronic communication or threat directed against a student that takes place on or immediately adjacent to school grounds, at any sponsored school activity, on school provided transportation, at any official school bus stop, or anywhere conduct may reasonably be considered to be a threat or an attempted intimidation of a student or school employee or interference with school purposes or an educational function, that is persistent, severe, or repeated and that:

(a) causes a student physical harm, damages a student's property, or knowingly places a student in reasonable fear of harm to the student or the student's property;

(b) creates a hostile environment by interfering with or denying a student's access to an educational opportunity or benefit and/or is sufficiently severe, pervasive or persistent to create a hostile environment; or

(c) substantially and materially disrupts the orderly operation of a school.

(2) The term includes retaliation against a victim or witness who reports information about an act of bullying and includes acts of hazing associated with athletics or school-sponsored organizations or groups.

Please complete the remainder of this form with respect to the definition written above and return to a district administrator. Please complete all categories and mark all applicable items to your report.

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Name of School:		Date:	
Reporting Person Information (optional) *Please note: no disciplinary action will occur on the sole basis of a report.			
Name:			
Telephone:		E-Mail:	
I am a: <input type="checkbox"/> student <input type="checkbox"/> staff member <input type="checkbox"/> parent/guardian <input type="checkbox"/> administrator			
<input type="checkbox"/> self-reporting <input type="checkbox"/> other:			
Name of Victim:			
Name(s) of aggressor (please describe if not known):			Grade(s):
Date/time of incident:			
Where did the incident occur?			
<input type="checkbox"/> On school property <input type="checkbox"/> at a school sponsored activity or event off school property <input type="checkbox"/> school bus <input type="checkbox"/> on the way to/from school <input type="checkbox"/> electronic			
Check all that describes the incident:			
<input type="checkbox"/> Physical (pushing, shoving, hitting, fighting kicking, throwing items, etc.)			
<input type="checkbox"/> Emotional (name calling, insults, teasing, verbal threats, staring/leering, etc.)			
<input type="checkbox"/> Social (rumors, exclusion, embarrassment, graffiti, jokes, gestures, etc.)			
<input type="checkbox"/> Sexual (inappropriate comments/touching, sexual orientation references, etc.)			
<input type="checkbox"/> Cyber (threatening or harassing texts/I-M's/calls, defamatory posts/e-mails, etc.)			
<input type="checkbox"/> Property (vandalism, theft, demanding money, exploiting, or fear of such, etc.)			
<input type="checkbox"/> Other (please describe)			
Please describe the incident:			
Physical Evidence: <input type="checkbox"/> Graffiti <input type="checkbox"/> Electronic <input type="checkbox"/> Photo/Video <input type="checkbox"/> Website			
<input type="checkbox"/> Notes <input type="checkbox"/> Other			
Other students involved (please indicate whether witness, bystander, or victim):			
Name:			Grade:
Name:			Grade:
Is this a repeated offense?			
<input type="checkbox"/> No, this is a one-time incident			
<input type="checkbox"/> Yes, date and description of incident(s):			

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Have you ever reported this information before? With whom:		Date:
Did a physical injury result from this incident? <input type="checkbox"/> No <input type="checkbox"/> Yes, but it did not require medical attention <input type="checkbox"/> Yes, and it required medical attention		
Was the student/victim absent from school as a result of the incident?		<input type="checkbox"/> No <input type="checkbox"/> Yes, ____ days
Have you contacted the police? <input type="checkbox"/> No <input type="checkbox"/> Yes: Officer:		Date:
Is there any additional information you would like to provide?		
I understand the serious nature of this report and I agree that all of the information is accurate and true to the best of my knowledge.		
Signature		Date
Please type/print name:		

* Please note: anyone who files a report he/she knows to be false will be held responsible and may be reported to an appropriate law enforcement agency. Appeals may be made to the superintendent, in writing, after 5 school days of reporting.

Thank you for reporting!

For Administrative Use

Received by:

Date received:

Incident assigned for investigation to:

Title:

Date:

Action Taken:

- Started Investigation
- Other