

**GARDENVIEW SCHOOL**  
**HARASSMENT, INTIMIDATION, & BULLYING REPORT FORM**

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Person reporting incident: Name: \_\_\_\_\_ Grade: \_\_\_\_\_

☐ Student    ☐ Staff member    ☐ Parent/Guardian    ☐ Volunteer    ☐ other: \_\_\_\_\_

Date of alleged incident: \_\_\_\_\_

Where did the alleged incident occur? \_\_\_\_\_

Student(s)/Person(s) Accused of Exhibiting Harassment, Intimidation, or Bullying Behavior:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

Student(s) Alleged to be the Target of Harassment, Intimidation, or Bullying Behavior:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Please place an "x" next to the statement(s) that best describes the behavior reported:

- |   |   |
|---|---|
| <input type="checkbox"/> physical aggression or contact to a pupil                                    | <input type="checkbox"/> publicly humiliating a pupil           |
| <input type="checkbox"/> teasing or name-calling  | <input type="checkbox"/> stealing or theft                      |
| <input type="checkbox"/> insulting or demeaning comments  | <input type="checkbox"/> defacing/destroying property           |
| <input type="checkbox"/> threatening comments, gestures or physical acts                              | <input type="checkbox"/> excluding or rejecting a pupil         |
| <input type="checkbox"/> intimidating conduct towards another pupil                                   | <input type="checkbox"/> extorting or exploiting a pupil        |
| <input type="checkbox"/> spreading harmful rumors or gossip about a pupil                             | <input type="checkbox"/> getting another person to harm a pupil |
| <input type="checkbox"/> harassment, intimidation or bullying through electronic communications       |   |
| <input type="checkbox"/> derogatory comments: racial, religious, or homophobic slurs and name-calling |   |
| <input type="checkbox"/> other – please specify: _____  |   |

Please describe below the details of the incident you are reporting:

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Please list below the name(s) of any person(s) or pupil(s) you believe either witnessed or have knowledge of the incident you are reporting:

NAME

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

Did you file a verbal report with the School Administration on the same day of witnessing or receiving reliable information regarding behavior being reported?    ☐ Yes    ☐ No

**I certify the information contained in this Report is accurate and true to the best of my knowledge.**

\_\_\_\_\_  
Signature of Person Making Report

\_\_\_\_\_  
Position

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Receiving Report

\_\_\_\_\_  
Position

Date: \_\_\_\_\_

**Summary of results of Administrative Investigation and Action**

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