## Clinton Public School District Bullying Reporting Form

The Clinton Public School District has a zero tolerance policy for substantiated bullying, harassment or intimidation. If you or someone that you are aware of has been subjected to bullying, harassment or intimidation, please complete the form below. Once completed, print the form and submit a principal or assistant principal at the appropriate school.

## **Person Reporting Incident (Optional)**

First Name	Last Name	Phone numbe	r Email
Please select	the appropriate description		
0	Student		
0	Parent/Guardian of student	-	
0	Relative of student		
0	School personnel Community member		
O	Community member		
Incident			
Alleged Recip	pient		
First Name	Last Name	Age	School (school selection)
Witness			
First Name	Last Name	Age	School (school selection)
	Additional witness(es)		

Alleged Offender			
First Names	Last Name	Age	School (school selection)
Ad	ditional offender(s)		
Date(s) of Incide	nt:		
Was the incident reported (circle one)?		Yes	No
If yes, to whom?			<u></u>
When was the in	cident reported?		

Underline or circle all that apply to the incident:

- Any bullying, harassment or intimidation that involves physical aggression
- Getting another person to hit or harm the student
- Teasing, name-calling, making critical remarks or threatening in person or by
- Making rude and/or threatening gestures
- Excluding or rejecting the student
- Extorting or exploiting
- Spreading harmful rumors or gossip
- Cyber bullying during school hours/on school issued devices
- Racial or sexual harassment

Underline or circle any that describe incident location:

- On school property If the incident happened on school property, please state which campus:
- At a school-sponsored activity or event off campus
- On school bus
- At bus stop
- Via internet sent on school property

Describe the incident, including what the alleged offender(s) said or did.			
Provide any additional information here:			
Signature:			
Print:			