Bullying, Cyberbullying, Harassment, or Intimidation Reporting Form

This form is to be confidentially maintained in accordance with the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g.

If you are a student, the parent/guardian of a student, a close adult relative of a student, or a school staff member and wish to report an incident of alleged bullying, harassment, cyberbullying, or intimidation, complete this form and return it to the principal at the student victim’s school. You may contact the school for additional information or assistance at any time.

Bullying, cyberbullying, harassment, and intimidation are serious and will not be tolerated. This is a form to report alleged incidents that occurred during the current school year on school property, at a school-sponsored activity or event off school property, on a school bus, on the way to and/or from school, on the Internet (sent on or off school property), or that substantially disrupted the orderly operation of the school. Bullying, cyberbullying, harassment and intimidation mean any intentional conduct, including verbal, physical or written conduct, or an intentional electronic communication, that creates a hostile educational environment by substantially interfering with a student’s educational benefits, opportunities or performance, or with a student’s physical or psychological well-being. (Definitions provided below. See HCPSS Policy 1060 for additional information.)

**Bullying** – Intentional conduct, including verbal, physical, or written conduct, or an intentional electronic communication that creates a hostile educational environment by substantially interfering with a student’s educational benefits, opportunities, or performance, or with their physical or psychological well-being.

**Cyberbullying** – The use of electronic communication to harass, humble, intimidate, and/or threaten others.

**Harassment** – A sufficiently severe action or persistent, pervasive pattern of actions or statements, directed at an identifiable individual or group, that is intended to be, or which a reasonable person would perceive as, ridiculing or demeaning.

**Intimidation** – Subjecting an individual to intentional action that seriously threatens and induces a sense of fear and/or inferiority.

This form may also be used to report incidents of sexual discrimination, sexual harassment, or sexual misconduct.

**Sexual Discrimination** – Any act or omission due to an individual’s actual or perceived sex, sexual orientation, gender, gender identity, or gender expression (including transgender or gender nonconforming) that creates an intimidating, hostile, or offensive working environment; or substantially interferes with an individual’s ability to work, learn, or otherwise is sufficiently serious to limit an individual’s employment opportunities, or to limit a student’s ability to participate in or benefit from the educational program.

**Sexual Harassment** – A form of sexual discrimination that involves unwelcome sexual advances, requests for sexual favors, and other inappropriate verbal, nonverbal or physical conduct of a sexual nature.

**Sexual Misconduct** – An all-inclusive term encompassing discriminatory and/or unwelcome behavior of a sexual nature including but not limited to sexual discrimination, sexual harassment, and sexual violence. Sexual misconduct can be committed by a person of any gender identity and it can occur between people of the same or different gender, gender identity, or gender expression.

**Please Print All Information**

Today’s Date: __/__/____ School: __________________________

PERSON REPORTING INCIDENT: Name ____________________________________________________________

Telephone: (_________)_______________________ E-mail: _____________________________________________________________

Place an X in the appropriate box:

- [ ] Student
- [ ] Parent/Guardian of a Student
- [ ] Close Adult Relative of a Student
- [ ] School Staff
- [ ] Bystander

1. Name of student victim(s): ____________________________________________________________ Age: __ School: __________________________
   ____________________________________________________________ Age: __ School: __________________________
   ____________________________________________________________ Age: __ School: __________________________

2. Name of alleged witness(es) if known: ____________________________________________________________ Age: __ School: __________________________
   ____________________________________________________________ Age: __ School: __________________________
   ____________________________________________________________ Age: __ School: __________________________

3. Name(s) of alleged offender(s) (if known):
   ____________________________________________________________ Age: __ School: __________________________ Is he/she a student? [ ] Yes [ ] No
   ____________________________________________________________ Age: __ School: __________________________ Is he/she a student? [ ] Yes [ ] No
   ____________________________________________________________ Age: __ School: __________________________ Is he/she a student? [ ] Yes [ ] No

Contact HCPSS Department of Program Innovation and Student Well-Being at 410-313-5336 or Office of Equity Assurance/Title IX Coordinator at 410-313-6654 with any questions.
4. On what date(s) did the incident happen?  
   Month/Day/Year  Month/Day/Year  Month/Day/Year

5. Place an X next to the statement(s) that best describes what happened: (Choose all that apply.)
   - Any bullying, harassment, or intimidation that involves physical aggression. Specify: ____________
   - Getting another person to hit or harm the student
   - Teasing, name-calling, making critical remarks, or threatening, in person or by other means
   - Demeaning and making the target/victim of jokes
   - Making rude and/or threatening gestures
   - Excluding or rejecting the student
   - Intimidating, extorting, or exploiting
   - Spreading harmful rumors or gossip
   - Related to the student's disability
   - Related to the student's perceived sexual orientation
   - Electronic communication (e.g., e-mail, text, sexting, etc.)
   - Gang related
   - Gang recruitment
   - Human trafficking/prostitution recruitment
   - Racial harassment
   - Sexual discrimination (harassment)
   - Sexual in nature
   - Other (specify) ________________
   - Cyberbullying (e.g. social media including, but not limited to Facebook, Twitter, Snapchat, Instagram, etc.)

6. Where did the incident happen? (Choose all that apply.)
   - On school property
   - At a school-sponsored activity or event off school property
   - On a school bus
   - On the way to/from school
   - Via Internet—sent off school property
   - Via Internet—sent on school property

7. Describe the incident(s), including what the alleged offender(s) said or did. _________________________________________
   _________________________________________
   _________________________________________
   (Attach a separate sheet if necessary)

8. Why do you believe the bullying, cyberbullying, harassment or intimidation occurred? ________________________________
   _________________________________________
   _________________________________________
   ________________________________
   (Attach a separate sheet if necessary)

9. Did a physical injury result from this incident? Place an X next to one of the following:  
   - No
   - Yes, but it did not require medical attention
   - Yes, and it required medical attention

10. If there was a physical injury, do you think there will be permanent effects?  
    - Yes  
    - No  

11. Was the target/victim absent from school as a result of the incident?  
    - Yes  
    - No  
    If yes, how many days was the target/victim absent from school as a result of the incident? ____________

12. Did a psychological injury result from this incident? Place an X next to one of the following:  
    - No
    - Yes, but psychological services have not been sought
    - Yes, and psychological services have been sought

13. Is there any additional information you would like to provide? ________________________________________________
    ________________________________________________
    ________________________________________________
    ________________________________
    (Attach a separate sheet if necessary)

Signature: _____________________________________________________________________________________  Date: ___/___/_____

Howard County Public School System and Maryland State Department of Education in accordance with the Safe Schools Reporting Act of 2005. Contact HCPSS Department of Program Innovation and Student Well-Being at 410-313-5336 or Office of Equity Assurance/Title IX Coordinator at 410-313-6654 with any questions.