



# 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 targeted student'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** – is unwanted, demeaning behavior among students that involves a real or perceived power imbalance. The behavior is repeated, or is highly likely to be repeated, over time. To be considered bullying, the behavior must be intentional and include: 1) an imbalance of power (students who bully use their physical, emotional, social, or academic power to control, exclude, or harm others), and 2) repetition (bullying behaviors happen more than once or are highly likely to be repeated based on evidence gathered).

**Cyberbullying** – is bullying that takes place over digital devices like cell phones, computers, and tablets. Cyberbullying can occur through texting, apps, or online via social media, forums, or gaming where people can view, participate in, or share content. Cyberbullying includes sending, posting, or sharing negative, harmful, false, or hurtful content about another student. It can include sharing personal or private information about someone else causing embarrassment or humiliation.

**Harassment** – includes actual or perceived negative actions that offend, ridicule, or demean another student with regard to race, ethnicity, national origin, immigration status, political opinions, family/parental or marital status, sex, sexual orientation, gender identity, gender expression, religion, ancestry, physical attributes, socioeconomic status, physical or mental ability, or disability.

**Intimidation** – is any communication or action directed against another student that threatens or induces a sense of fear and/or inferiority. Retaliation may be considered a form of intimidation.

This form may also be used to report incidents of sexual discrimination, sexual harassment, or sexual misconduct. (Definitions provided below. See HCPSS Policy 1020 for additional information).

**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 or educational 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.

<b>Please Print All Information</b>
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. Alleged Targeted Student(s):

Name	Age	School	Days absent as a result of the incident:

## 2. Alleged Offenders(s): (Include all known details.)

Name	Age	School	Student: (Y/N)	Days absent as a result of the incident:

Contact HCPSS Department of Program Innovation and Student Well-Being at 410-313-1291 or Office of Equity Assurance/ Title IX Coordinator at 410-313-6654 with any questions.

**3. Alleged Witness(es): (Include all known details.)**

Name	Age	School	Student: (Y/N)

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.)
- |  |  |
|--|--|
| <input type="checkbox"/> Actions/comments related to the student's race/ethnicity                    | <input type="checkbox"/> Gang related/gang recruitment   |
| <input type="checkbox"/> Actions/comments related to the student's national origin                   | <input type="checkbox"/> Human trafficking/prostitution recruitment                                  |
| <input type="checkbox"/> Actions/comments related to the student's religion                          | <input type="checkbox"/> Any bullying, harassment, or intimidation that involves physical aggression |
| <input type="checkbox"/> Actions/comments related to the student's sex                               | <input type="checkbox"/> Cyberbullying (social media, text messages, etc.)                           |
| <input type="checkbox"/> Actions/comments related to the student's immigration status                | <input type="checkbox"/> Teasing, name-calling, making critical remarks                              |
| <input type="checkbox"/> Actions/comments related to the student's family/parental or marital status | <input type="checkbox"/> Demeaning or making the student the target of jokes                         |
| <input type="checkbox"/> Actions/comments related to the student's socio-economic status             | <input type="checkbox"/> Making rude and/or threatening gestures                                     |
| <input type="checkbox"/> Actions/comments related to the student's academic performance              | <input type="checkbox"/> Excluding or rejecting the student  |
| <input type="checkbox"/> Actions/comments related to the student's perceived sexual orientation      | <input type="checkbox"/> Intimidating, extorting, exploiting the student                             |
| <input type="checkbox"/> Actions/comments related to the student's gender expression                 | <input type="checkbox"/> Getting another person to target or demean the student                      |
| <input type="checkbox"/> Actions/comments related to the student's gender identity                   | <input type="checkbox"/> Spreading hurtful rumors or gossip  |
| <input type="checkbox"/> Actions/comments related to the student's disability                        | <input type="checkbox"/> Racial/ethnic harassment  |
| <input type="checkbox"/> Actions/comments related to the student's physical appearance               | <input type="checkbox"/> Sexual harassment   |
| <input type="checkbox"/> Demeaning behavior to impress others _____                                  | <input type="checkbox"/> Other: (Please specify) _____   |
| <input type="checkbox"/> Demeaning behavior just to be mean  |  |
| <input type="checkbox"/> An act or threat of retaliation   |  |

6. Where did the incident happen? (Place an X next to the statement(s); choose all that apply)
- |  |   |
|--|---|
| <input type="checkbox"/> On school property (please specify location): _____ | <input type="checkbox"/> On the way to/from school                                      |
| <input type="checkbox"/> On a school bus                                     | <input type="checkbox"/> Off school property or at a school-sponsored activity or event |
| <input type="checkbox"/> Digital device on school property                   | <input type="checkbox"/> Digital device off school property                             |
| <input type="checkbox"/> During virtual learning                             | <input type="checkbox"/> Other (please specify): _____                                  |

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

8. Why do you think 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 targeted student absent from school as a result of the incident?     Yes     No  
 If yes, how many days was the targeted student 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 410-313-1291 or Office of Equity Assurance/Title IX Coordinator at 410-313-6654 with any questions.