



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, humiliate, 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 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.

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 target/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.)

- | | |
|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Any bullying, harassment, or intimidation that involves physical aggression. Specify: _____ _____ | <input type="checkbox"/> Related to the student's perceived sexual orientation |
| <input type="checkbox"/> Getting another person to hit or harm the student | <input type="checkbox"/> Electronic communication (e.g., e-mail, text, sexting, etc.) |
| <input type="checkbox"/> Teasing, name-calling, making critical remarks, or threatening, in person or by other means | <input type="checkbox"/> Gang related |
| <input type="checkbox"/> Demeaning and making the target/victim of jokes | <input type="checkbox"/> Gang recruitment |
| <input type="checkbox"/> Making rude and/or threatening gestures | <input type="checkbox"/> Human trafficking/prostitution recruitment |
| <input type="checkbox"/> Excluding or rejecting the student | <input type="checkbox"/> Racial harassment |
| <input type="checkbox"/> Intimidating, extorting, or exploiting | <input type="checkbox"/> Sexual discrimination (harassment) |
| <input type="checkbox"/> Spreading harmful rumors or gossip | <input type="checkbox"/> Sexual in nature |
| <input type="checkbox"/> Related to the student's disability | <input type="checkbox"/> Other (specify) _____ |
| | <input type="checkbox"/> 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.)

- | | | |
|---------------------------------------------|--------------------------------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> On school property | <input type="checkbox"/> At a school-sponsored activity or event off school property | |
| <input type="checkbox"/> On a school bus | <input type="checkbox"/> On the way to/from school | <input type="checkbox"/> Via Internet-sent off school property |
| | | <input type="checkbox"/> 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.