# BILLINGS PUBLIC SCHOOLS

Harassment/Intimidation/Bullying Incident Reporting Form

<table>
<thead>
<tr>
<th>Name of School:</th>
<th>Date:</th>
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</table>

Reporting Person Information (optional) *Please note: no disciplinary action will occur on the sole basis of a report.*

Name:  

**Telephone:**  **E-Mail:**

I am a:  
- [ ] student  
- [ ] staff member  
- [ ] parent/guardian  
- [ ] administrator  
- [ ] self-reporting  
- [ ] other:

Name of Victim:  

Name(s) of aggressor (please describe if not known):  **Grade(s):**

Date/time of incident:

Where did the incident occur?  
- [ ] On school property  
- [ ] at a school sponsored activity or event off school property  
- [ ] school bus  
- [ ] on the way to/from school  
- [ ] electronic

Check all that describes the incident:

- [ ] Physical (pushing, shoving, hitting, fighting, kicking, throwing items, etc.)
- [ ] Emotional (name calling, insults, teasing, verbal threats, staring/leering, etc.)
- [ ] Social (rumors, exclusion, embarrassment, graffiti, jokes, gestures, etc.)
- [ ] Sexual (inappropriate comments/touching, sexual orientation references, etc.)
- [ ] Cyber (threatening or harassing texts/I-M’s/calls, defamatory posts/e-mails, etc.)
- [ ] Property (vandalism, theft, demanding money, exploiting, or fear of such, etc.)
- [ ] Other (please describe)

Please describe the incident:

Physical Evidence:  
- [ ] Graffiti  
- [ ] Electronic  
- [ ] Photo/Video  
- [ ] Website  
- [ ] Notes  
- [ ] Other

Other students involved (please indicate whether witness, bystander, or victim):

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<tr>
<th>Name:</th>
<th>Grade:</th>
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Is this a repeated offense?  
- [ ] No, this is a one-time incident  
- [ ] Yes, date and description of incident(s):
Have you ever reported this information before? With whom: Date:

Did a physical injury result from this incident?

- [ ] No
- [ ] Yes, but it did not require medical attention
- [ ] Yes, and it required medical attention

Was the student/victim absent from school as a result of the incident?  

- [ ] No
- [ ] Yes, _____ days

Have you contacted the police?  

- [ ] No
- [ ] Yes: Officer: Date:

Is there any additional information you would like to provide?

I understand the serious nature of this report and I agree that all of the information is accurate and true to the best of my knowledge.

Signature Date

Please type/print name:

* Please note: anyone who files a report he/she knows to be false will be held responsible and may be reported to an appropriate law enforcement agency. Appeals may be made to the superintendent, in writing, after 5 school days of reporting.

Thank you for reporting!

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For Administrative Use

Date received: Received by:

Incident assigned for investigation to:

Title: Date: 

Action Taken:  

- [ ] Started Investigation
- [ ] Other: