

EAST ALLEN COUNTY SCHOOLS
Report Form for Complaints of Harassment/Bullying/Discrimination

Student/ Staff Name		<input type="checkbox"/> Alleged Victim <input type="checkbox"/> Bystander
Home Address:		
Home Telephone Number:	Alternate Telephone Number:	
School Building:	Person Completing Form:	
Name of alleged offender (s):		

Select One Area	<input type="checkbox"/> Alleged harassment was based on (check those that apply):		
	<input type="checkbox"/> Verbal conduct (slurs, jokes, etc.)	<input type="checkbox"/> Sexual harassment	<input type="checkbox"/> Other
	<input type="checkbox"/> Physical Conduct (touching)	<input type="checkbox"/> Display of objects, pictures or photographs	
	<input type="checkbox"/> Alleged bullying was based on (check those that apply):		
<input type="checkbox"/> Physical contact/Assaulting	<input type="checkbox"/> Humiliating/Demeaning / Victim Jokes	<input type="checkbox"/> Intimidating/Extorting/Exploiting	
<input type="checkbox"/> Getting another person to bully	<input type="checkbox"/> Rude and/or Threatening Gestures	<input type="checkbox"/> Spreading Harmful Rumors	
<input type="checkbox"/> Teasing/ Name-Calling/Ridiculing	<input type="checkbox"/> Excluding/Isolating/Rejecting	<input type="checkbox"/> Threatening	
<input type="checkbox"/> Cyberbullying	<input type="checkbox"/> Other: _____		
	<input type="checkbox"/> Alleged discrimination was based on (check those that apply):		
<input type="checkbox"/> Race	<input type="checkbox"/> Ancestry	<input type="checkbox"/> National Origin	<input type="checkbox"/> Gender
<input type="checkbox"/> Disability	<input type="checkbox"/> Religion	<input type="checkbox"/> Age	<input type="checkbox"/> Sexual Preference

Relationship to alleged offender(s):	
Time frame in which incidents occurred:	Where incidents most often occurred:
Describe incidents and ongoing behavior which contributed to bullying (give all details):	
<i>Use back of form if needed</i>	

List any witnesses who were present:		<i>Use back of form if needed</i>
Did a physical injury result from this incident?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, explain:
Was the student/ staff victim absent from school/ work as a result of the incident? <input type="checkbox"/> No <input type="checkbox"/> Yes, how many days? _____		

This complaint is based on my honest belief that _____ has harassed/discriminated against/bullied me or another person. I certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge.

Complainant's Signature:	Date:
Received By (please print):	Date:
Principal _____	Asst. Principal _____
SIP _____	Student Services _____

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Investigation for Complaints of Harassment/Bullying/Discrimination (attach to original report form)

Name of alleged offender (s):	
Name of alleged victim (s):	
Date of alleged incident:	
School Building:	Person Completing Form:

1. School's Initial Response:

2. Investigative Steps Taken: (brief summary below- Complete full statement on back)

Persons Interviewed:

3. Outcome of Investigation:

4. Interventions:

Discipline for Perpetrator:

Safety Plan for Victim:

Plan to Educate Bystanders/Avoid Future Situations:

Lined area for notes or text.

Administrator Signature

Date