

# SALINAS UNION HIGH SCHOOL DISTRICT

## Harassment, Intimidation or Bullying Reporting Form

**Directions:** Harassment, intimidation or bullying are serious and will not be tolerated. This is a form to report alleged harassment, intimidation or bullying that occurred on school property; at a school-sponsored activity or event off school property; on a school bus; or on the way to and/or from school, in the current school year. If you are a student victim, the parent/guardian of a student victim, or a close adult relative of a student victim, or a school staff member and wish to report an incident of alleged harassment, intimidation or bullying, complete this form and return it to the School Administrator at the student victim's school. Contact the school for additional information or assistance at any time.

**The Board prohibits, at any District school or school activity, unlawful discrimination, harassment, intimidation, and bullying of any student based on the student's actual race, color, ancestry, national origin, ethnic group identification, age, religion, marital or parental status, physical or mental disability, sex, sexual orientation, gender, gender identity, or gender expression; the perception of one or more of such characteristics; or association with a person or group with one or more of these actual or perceived characteristics.**

**Prohibited harassment includes physical, verbal, nonverbal, or written conduct based on one of the categories listed above that is so severe and pervasive that it affects a student's ability to participate in or benefit from an educational program or activity; creates an intimidating, threatening, hostile, or offensive educational environment; has the purpose or effect of substantially or unreasonably interfering with a student's academic performance; or otherwise adversely affects the student's educational opportunities.**

**The Board also prohibits any form of retaliation against any student who files a complaint or report regarding an incident of discrimination, harassment, intimidation or bullying. (SUHSD BP 5145.3)**

Today's Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      School: \_\_\_\_\_  
Month                  Day                  Year

**Person Reporting Incident** Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Place an **X** in the appropriate box:     Student     Parent/Guardian     Close adult relative     School Staff     Other

1. Name of student victim: \_\_\_\_\_      Age: \_\_\_\_\_

2. Name(s) of alleged offender(s) (If known):	Age	School	Is he/she a student?
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. On what date(s) did the incident happen?

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month      Day      Year                  Month      Day      Year                  Month      Day      Year

4. 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

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5. Place an **X** next to the statement(s) that best describes what happened (choose all that apply):

- Hitting, kicking, shoving, spitting, hair pulling, or throwing something
- 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 victim of jokes
- Making rude and/or threatening gestures
- Excluding or rejecting the student
- Intimidating (bullying), extorting, or exploiting
- Spreading harmful rumors or gossip
- Other (specify) \_\_\_\_\_

6. What did the alleged offender(s) say or do? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Why did the alleged harassment or intimidation (bullying) occur?

- Race or Color       Religion
- Sex/Gender       Physical or Mental Disability
- Sexual Orientation       Other : \_\_\_\_\_

8. 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

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

10. Was the student victim absent from school as a result of the incident?       Yes       No

If yes, how many days was the student victim absent from school as a result of the incident? \_\_\_\_\_

11. 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.

12. Is there any additional information you would like to provide? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_