

Incident Date: _____ Reported date: _____ School: _____ Grade: _____

Student Bullied First/Last name: _____ State ID: _____

Name of Complainant (and Title/Relationship to Student): _____

Name of Alleged Harasser or Bully: _____ State ID: _____

Date and Place of Incident(s): _____

Description of Misconduct: _____

Evidence of harassment or bullying, i.e., letters, photos, etc (attach if possible): _____

Any other information: _____

Please identify each of the following 18 categories (real or perceived) for which the student is reported to have been bullied/harassed. Check all that apply:			
<input type="checkbox"/> Age	<input type="checkbox"/> Color	<input type="checkbox"/> Race	<input type="checkbox"/> Creed
<input type="checkbox"/> National Origin	<input type="checkbox"/> Ancestry	<input type="checkbox"/> Marital Status	<input type="checkbox"/> Sex
<input type="checkbox"/> Religion	<input type="checkbox"/> Gender Identity	<input type="checkbox"/> Physical Attributes	<input type="checkbox"/> Physical/Mental abilities
<input type="checkbox"/> Political Belief	<input type="checkbox"/> Political Party Preference	<input type="checkbox"/> Socioeconomic status	<input type="checkbox"/> Sexual Orientation
<input type="checkbox"/> Familial Status	<input type="checkbox"/> Other(Please Specify)	<input type="text"/>	
Location of incident (check all that apply)			
<input type="checkbox"/> Bus	<input type="checkbox"/> Hallway	<input type="checkbox"/> Classroom	<input type="checkbox"/> Locker room
<input type="checkbox"/> Gym	<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Extracurricular activity	<input type="checkbox"/> Bathroom
<input type="checkbox"/> At Lockers	<input type="checkbox"/> Playground	<input type="checkbox"/> Other (Please Specify)	
If the Iowa Anti-Bullying/Harassment Law was violated, please check all of the reasons that apply below.			
<input type="checkbox"/> Was violated because conduct places the student in reasonable fear of harm to the student's person or property.			
<input type="checkbox"/> Was violated because conduct has a substantially detrimental effect on the student's physical or mental health.			
<input type="checkbox"/> Was violated because conduct has the effect of substantially interfering with the student's academic performance.			
<input type="checkbox"/> Was violated because the conduct has the effect of substantially interfering with the student's ability to participate in or benefit from the services, activities, or privileges provided by a school.			
If the Iowa Anti-Bullying /Harassment Law was not violated, please check the box indicating that another law, school policy, or rule was violated OR check the box indicating that no law, school policy, or rule was violated.			
<input type="checkbox"/> Was NOT violated nor was any other law/school policy/rule violated.			
<input type="checkbox"/> Was NOT violated but another law/school policy/rule was violated. (such as school code of conduct)			

Alleged Harasser/Bully Section

Incident Date: _____ Reported date: _____ School: _____ Grade: _____

Alleged Harasser/Bully: _____ State ID: _____

Please check all of the following consequences/remedial actions that apply			
<input type="checkbox"/> Verbal warning	<input type="checkbox"/> Written warning	<input type="checkbox"/> Parent(s) or guardian(s) notified	<input type="checkbox"/> Parent(s) or guardian conference
<input type="checkbox"/> Signed agreement to avoid further incidents	<input type="checkbox"/> Support from Counselor (follow up)	<input type="checkbox"/> Restricted privileges (includes loss of recess, isolated lunch, extra- curricular activities, etc.)	<input type="checkbox"/> Specialized seating assignment
<input type="checkbox"/> Individual Behavior Plan focused on bullying behaviors	<input type="checkbox"/> Detention (includes Saturday school)	<input type="checkbox"/> In School Suspension <input type="checkbox"/> Number of days	<input type="checkbox"/> SRO Referral
<input type="checkbox"/> Suspension or expulsion <input type="checkbox"/> Number of days	<input type="checkbox"/> Law enforcement involved	<input type="checkbox"/> Community service	<input type="checkbox"/> Bus Suspension <input type="checkbox"/> Number of days
<input type="checkbox"/> Student Conference with Administrator	<input type="checkbox"/> Referral to Internal Team	<input type="checkbox"/> No consequences warranted	
<input type="checkbox"/> Other(Please specify)			

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature (District Employee) and Title: _____

Date: _____