

## Edmonds School District Harassment, Bullying, and Intimidation Reporting Form

## PLEASE NOTE:

- Please print, complete, and return this form to the principal/site supervisor
   No disciplinary action will be taken against an alleged aggressor based solely on anonymous reporting.

School/District Site:						
Aggressor(s):						
Targeted student:						
Reporting person (optional):						
Your email address (optional):						
Your phone number (optional):		Today's date:				
Name of school adult you've already contacted (if any):						
On what dates did the incident(s) happen (if known):						
Where did the incident happen? Check all that apply.						
☐ Classroom ☐ Hallway ☐ Restroom ☐ Lunchroom	<ul><li>□ Locker Room</li><li>□ Sport Field</li><li>□ Playground</li><li>□ Parking Lot</li></ul>	<ul><li>□ School Bus</li><li>□ Internet</li><li>□ Cell Phone</li><li>□ On the Way To/From School</li></ul>	nool	During a School Activity Off School Property		
Other (Please describe.)						
Please check the box that best describes what the bully did. Please choose all that apply.						
Bullying because of potential discrimination or harassment based on any protected class (REPORT IMMEDIATELY TO DEBBY CARTER, HR, 7012)						
Hitting, kicking, shoving, spitting, hair pulling or throwing something at the student						
Getting another person to hit or harm the student						
☐ Teasing, name calling, making critical remarks or threatening in person, by phone, by e-mail, etc.						
Putting the student down and making the student a target of jokes  Making rude and/or threatening gestures						
Excluding or rejecting the student						
☐ Making the student fearful, demanding money or exploiting						
□ Spreading harmful rumors or gossip						
☐ Cyber bullying (bullying by calling, texting, emailing, web posting, etc.)						
☐ Other						
If you select other, please describe:						
Why do you think the harassment, intimidation or bullying occurred?						
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Were there any witnesses? ☐ Yes					
If yes, please provide their names:					
Did a physical injury result from this incid	dent?				
If yes, please describe.					
Was the target absent from school as a re	esult of the incident?				
If yes, please describe.					
Is there any additional information?					
Thank you for reporting!					
	For Office Use				
	FOR OFFICE USE				
Received by:					
Date received:					
Action taken:					
Parent/guardian contacted:					
Circle one: $\square$ Resolved $\square$	Unresolved				
Referred to:					

After completing this form, please send original to Debby Carter, Executive Director, Human Resources.

Please keep a copy for your records.