

2024-2025

Bullying/Harassment/Discrimination/Hazing Report Form

This form is available at www.dekalbschoolsga.org/bullying-harassment-hazing-awareness

PLEASE PRINT ALL INFORMATION LEGIBLY.

Today's Date ____/____/____ School _____

Do you want to remain anonymous? Yes No (If yes, do not write in name)

Person Reporting Incident:

Circle one: Victim/Target Concerned Student Parent/Guardian Relative Concerned Person

Telephone _____-_____-_____ E-mail _____

1. Name of alleged target student School Grade Race Gender

2. Name(s) of alleged offender(s) School Grade Race Gender

3. Has this student been bullied, harassed, discriminated against or hazed on previous occasions? Yes No Don't Know

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

____/____/____ Time: _____ AM/PM ____/____/____ Time: _____ AM/PM Multiple Dates
Mo. Day Year Mo. Day Year

5. Where did the incident(s) happen? (Choose all that apply.)

- On school property (Please circle): Classroom Hallway Cafeteria Gym/Locker Room Other
- At a school-sponsored activity or event off school property
- On a school bus (Please circle): AM/PM
- On the way to/from school (Please circle): AM/PM
- Online

6. Place an X next to the statement(s) that best describes what happened (Choose all that apply.):

- Harassment (race/ethnicity, color, religion, national origin, gender, disability, sexual orientation, gender identity, etc.)
- Physical Violence (hitting, kicking, shoving, spitting, hair pulling, or throwing something)
- Persuading another person to hit or harm the student
- Verbal (teasing, name-calling, making critical remarks, or threatening, in person or by other means)
- Hazing
- Extortion
- Intimidating or making rude and/or threatening gestures
- Exclusion (excluding or rejecting the student)
- Spreading harmful rumors or gossip or Public Humiliation
- Cyberbullying/Cyberstalking (Circle one: During School/After School)

7. Motivation of the bullying/harassment/hazing. (Check one):

__ General __ Race/Color __ Religion __ Gender __ Gender Identity/Sexual Orientation __ Physical/Mental Disability
__ National Origin/Ethnicity __ Other

Briefly describe the incident as reported to you or attach a written statement and any materials provided:

This report has been submitted to (Circle): Principal Principal's Designee Regional Superintendent (Name) _____

____/____/____ _____ _____
Date Submitted Submitter's Name Submitter's Signature