

BRISTOL TOWNSHIP SCHOOL DISTRICT
Report Form for Complaints of Harassment/ Bullying/ Cyber-Bullying

Student Name:		<input type="checkbox"/> Victim	<input type="checkbox"/> Witness
Home Address:			
Home Phone:		Parent/ Guardian Cell:	
Grade:	Teacher/Homeroom:	Person Completing Form:	
Alleged harassment/ bullying/ cyber-bullying was based on (check those that apply):			
<input type="checkbox"/> Hitting/ Kicking/ Shoving/ Spitting	<input type="checkbox"/> Demeaning/ Victim Jokes	<input type="checkbox"/> Intimidating/ Extorting/ Exploiting	
<input type="checkbox"/> Getting another person to hit or harm	<input type="checkbox"/> Rude or threatening gestures	<input type="checkbox"/> Spreading Harmful Rumors	
<input type="checkbox"/> Teasing/ Name-Calling/ Threatening	<input type="checkbox"/> Excluding or Rejecting the Student	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Sexual remarks	<input type="checkbox"/> Pressure for sexual activity	<input type="checkbox"/> Unwelcome touching	
** Any form of sexual harassment would fall under Title IX, please contact the Title IX Coordinator.			
Was the alleged bullying behavior based upon (check those that apply):			
<input type="checkbox"/> Race	<input type="checkbox"/> Religion	<input type="checkbox"/> Gender Identity	
<input type="checkbox"/> Ethnicity	<input type="checkbox"/> Disability	<input type="checkbox"/> Sexuality	
<input type="checkbox"/> Physical Appearance	<input type="checkbox"/> Other: _____		
Is there a power imbalance between the involved individuals? <input type="checkbox"/> No <input type="checkbox"/> Yes, Explain:			
Name of alleged offender(s):			
Did a physical injury result from this incident? <input type="checkbox"/> No <input type="checkbox"/> Yes, Explain:			
Date(s) incident occurred:		Where incident occurred:	
Describe the incident as clearly as possible (provide all details):			
List any witnesses who were present:			
Did a physical injury result from this incident? <input type="checkbox"/> No <input type="checkbox"/> Yes, Explain:			
This complaint is based on my honest belief that _____ has harassed/ 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. I understand the serious implications of filing a false report ** Please email this form to the Anti Bullying Specialist & Building Principal			
Complainant's Signature:		Date:	
Received by (please print):		Date:	