



818 N. FRANKLIN ST.  
 VAN WERT, OHIO 45891  
 PHONE: (419) 238-5411  
 FAX: (419) 238-4058

**HARASSMENT, INTIMIDATION, AND/OR CYBERBULLYING REPORTING FORM**

Directions: Harassment, Intimidation, and/or Cyberbullying are serious and will not be tolerated. This is a form to report alleged harassment, Intimidation, and/or Cyberbullying 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, and/or Cyberbullying, complete this form and return it to the Discipline Office at the student victim's school. Contact the school for additional information or assistance at any time.

Harassment, Intimidation, and/or Cyberbullying means conduct, including verbal conduct, that creates a hostile educational environment by substantially interfering with a student's educational benefits, opportunities, or performance, or with a student's physical or psychological well-being, and is motivated by an actual or a perceived personal characteristic such as race, national origin, marital status, sex, sexual orientation, gender identity, religion or disability, or is threatening or seriously intimidating.

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

PERSON REPORTING INCIDENT	Name: _____
Telephone: _____	E-mail: _____
Place an X in the appropriate box: <input type="checkbox"/> Student <input type="checkbox"/> Parent/guardian <input type="checkbox"/> Close adult relative <input type="checkbox"/> School Staff	

1. Name of student victim: \_\_\_\_\_ Age: \_\_\_\_\_  
(Please print)

2. Name(s) of alleged offender(s) (If known): <small>(Please print)</small>	Age <small>(if known)</small>	School <small>(if known)</small>	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
- Electronic Communication (specify) \_\_\_\_\_
- Other (specify) \_\_\_\_\_

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

(Attach a separate sheet if necessary)

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

(Attach a separate sheet if necessary)

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? \_\_\_\_\_

(Attach a separate sheet if necessary)

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

PROVIDING EDUCATION FOR:

Antwerp, Continental, Crestview, Delphos, Fort Jennings, Kalida, Lincolnview, Ottoville, Parkway, Paulding, Van Wert, Wayne Trace