

Hadley Public Schools Bullying Incident Complaint Reporting Form

(This form is to be confidentially maintained in accordance with the Family Educational Rights and Privacy Act, 20 U.S.C. §1232g.)

Directions: Bullying is a serious offense and will not be tolerated. If you are a student, the parent/guardian of a student, a volunteer or visitor, and wish to report an incident of alleged bullying, complete this form and return it to the Principal or Administrative Designee at the student's school. All school employees are required to report alleged violations. Contact the school administration for additional information or assistance at any time. This form can be completed anonymously by omitting signature and name and returning to the school principal.

Every reported act of bullying will be investigated, and parents/guardians will be informed.

Name of Target: _____ Grade/School: _____

Name(s) of Alleged Aggressors	Grade	School	Is she/he a student?
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Incident Date: ____/____/____			

Where did the incident occur? (Check all that apply)	What happened during the incident? (Check all that apply)	Did a physical injury result from this incident? (Check one)	
<input type="checkbox"/> School Bus/ Bus Stop <input type="checkbox"/> To/From School <input type="checkbox"/> Text/Phone/Internet/ Social Media <input type="checkbox"/> School sponsored activity <input type="checkbox"/> Event off school property <input type="checkbox"/> School Grounds <input type="checkbox"/> Other _____	<input type="checkbox"/> Taunting <input type="checkbox"/> Retaliation <input type="checkbox"/> Threat <input type="checkbox"/> Humiliation <input type="checkbox"/> Intimidation <input type="checkbox"/> Exclusion <input type="checkbox"/> Stalking <input type="checkbox"/> Physical Contact <input type="checkbox"/> Theft <input type="checkbox"/> Cyber-bullying <input type="checkbox"/> Other _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, medical attention required <input type="checkbox"/> Yes, medical attention NOT required	
		Student absent from school as a result of the incident?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No Number of days absent: _____	

Describe the incident: (use the back of this sheet for additional space) _____

Witnesses (List people who witnessed the incident or have information regarding it.):

Name: _____ ☐ Student ☐ Faculty/Staff ☐ Other: _____
 Name: _____ ☐ Student ☐ Faculty/Staff ☐ Other: _____

Are you: ☐ Student ☐ Faculty/Staff ☐ Parent/Guardian ☐ Other: _____

Leave blank if reporting anonymously.

Person reporting incident: (Please Print) _____

Telephone/Cell Information: _____

Signature: _____ Date: _____