

Bullying / Harassment Reporting Form

Littlestown High School

Directions: Bullying, harassment, and intimidation are serious and will not be tolerated. This is a form to report alleged harassment and intimidation (bullying) 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, a close adult relative of a student victim, or a school staff member and wish to report an incident of alleged bullying, harassment or intimidation, complete this form and return it to an administrator or guidance counselor. Contact the high school for additional information or assistance at any time (717 359-4146, ext. 2232).

Bullying (as defined by Board Policy #249) means an intentional electronic, written, verbal or physical act or series of acts directed at another student or students, which occurs in a school setting that is severe, persistent or pervasive and has the effect of doing any of the following: 1) Substantial interference with a student's education. 2) Creation of a threatening environment. 3) Substantial disruption of the orderly operation of the school.

Today's date:			
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			
1. Name of student victim			Age
<i>(Please print)</i>			
2. Name(s) of alleged offender(s) (If known) (Please print)	Age	School (if known)	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 (dates) did the incident happen? / / / / / /			
<i>Mo. Day Year Mo. Day Year Mo. Day Year</i>			
4. Where did the incident happen (choose all that apply)?			
<input type="checkbox"/> On school property		<input type="checkbox"/> At a school-sponsored activity or event off school property	
<input type="checkbox"/> On a school bus		<input type="checkbox"/> On the way to/from school	
5. Place an X next to the statement(s) that best describes what happened (choose all that apply):			
<input type="checkbox"/> Hitting, kicking, shoving, spitting, hair pulling, or throwing something			
<input type="checkbox"/> Getting another person to hit or harm the student			
<input type="checkbox"/> Teasing, name-calling, making critical remarks, or threatening, in person or by other means			
<input type="checkbox"/> Demeaning and making the victim of jokes			
<input type="checkbox"/> Making rude and/or threatening gestures			
<input type="checkbox"/> Excluding or rejecting the student			
<input type="checkbox"/> Intimidating (bullying), extorting, or exploiting			
<input type="checkbox"/> Spreading harmful rumors or gossip			
<input type="checkbox"/> Other (specify) _____			

