## ALBERTVILLE CITY SCHOOLS
### BULLYING/HARASSMENT INCIDENT REPORT FORM

NOTE: Administrator MUST be notified for all bullying/harassment claims.

A student, parent or guardian, or staff member may file a complaint of harassment, intimidation, or bullying pursuant to Board policy. Complete this form and submit to the building principal. Results of the investigation will determine the disciplinary action taken. A complainant that falsely accuses someone will also be subject to disciplinary action. Parent/guardian must be contacted. Leaving a message is not a parent/guardian contact.

- [ ] Staff  - [ ] Student  - [ ] Parent  - [ ] Volunteer

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<tr>
<th>Name</th>
<th>School Building</th>
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<tr>
<th>Name(s) of Persons initiating Harassment</th>
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Type of Bullying/Harassment alleged:

- [ ] Racial  - [ ] Sexual  - [ ] Religious  - [ ] Other

Check all spaces below that apply.

- [ ] Name Calling  - [ ] Spitting
- [ ] Stalking  - [ ] Demeaning Comments
- [ ] Inappropriate Gesturing  - [ ] Stealing
- [ ] Staring/Leering  - [ ] Damaging Property
- [ ] Writing/Graffiti  - [ ] Shoving/Pushing
- [ ] Threatening  - [ ] Hitting/Kicking
- [ ] Taunting/Ridiculing  - [ ] Flashing a Weapon
- [ ] Intimidation/Extortion  - [ ] Cyberbullying
- [ ] Inappropriate Sexual Advancements  - [ ] Texting/cell phone
- [ ] Other

Describe the incident:

NOTE: Attach any evidence of harassment or bullying (i.e. letters, photos, provide cell phone texts, etc.)

- [ ] Yes, the incident involved physical injury  - [ ] No, physical injury was not involved

Names of witnesses:

- [ ] Physical evidence:
  - [ ] Graffiti
  - [ ] Notes
  - [ ] E-mail
  - [ ] Web Sites
  - [ ] Video/audiotape
  - [ ] Other

Resource Officer/Police Department notified? - [ ] Yes - [ ] No

Signature: __________________________ Date: __________________________

Complainant

**OFFICE USE ONLY**

Administrator Notified: __________________________ Date/Time: __________________________

- [ ] Substantiated Report (Action Taken)
- [ ] Unsubstantiated Report (No Action Taken)

During conversation student mentioned hurting themselves - [ ] Yes - [ ] No  If yes, explain: __________________________

Was student referred to School Counselor? - [ ] Yes - [ ] No  If yes, Date Referred: __________________________

Parent(s) contacted: - [ ] Father  - [ ] Mother  - [ ] Guardian  Name: __________________________ Date Contacted: __________________________

Administrative Notes On Back of Form: __________________________

Over