



**LEGACY**  
TRADITIONAL SCHOOLS

# **Student/Parent Reporting Form**

**Violence | Harassment | Intimidation | Bullying**

*This form is to be confidentially maintained in accordance with the  
Family Education Rights and Privacy Act (FERPA).*

**Directions:**

Student violence, harassment, intimidation, or bullying are serious and will not be tolerated. If you are a student who has been targeted, the parent/guardian of a targeted student, a close adult relative of a targeted student, or school staff member and wish to report an incident, please complete this form and return it to the administrator at the student's school. Contact the school for additional information or assistance at any time.

"Bullying" is defined as a repeated action over time that may occur when a student or group of students engages in any form of behavior that includes such acts as intimidation and/or harassment; or

1. Has the effect of physically harming a student, damaging a student's property, or placing a student in reasonable harm or damage; or
2. Is sufficiently severe, persistent or pervasive that the action, behavior, or threat creates an intimidating, threatening, or an abusive environment in the form of physical or emotional harm; or
3. May occur when there is a real or perceived imbalance or strength; or
4. May constitute a violation of state law



## Report Documentation

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

School: \_\_\_\_\_

Name of Person Reporting Incident: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Relationship to the Student: \_\_\_\_\_

Are you (Check one):

- |                          |                           |
|--------------------------|---------------------------|
| <input type="checkbox"/> | Student/Witness/Bystander |
| <input type="checkbox"/> | School Staff Member       |
| <input type="checkbox"/> | Parent/Guardian           |
| <input type="checkbox"/> | Close Adult Relative      |
| <input type="checkbox"/> | Other Adult               |

Name(s) of Targeted Student

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Grade Level/Teacher

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Name(s) of Alleged Offenders

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Grade Level/Teacher

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# LEGACY

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## TRADITIONAL SCHOOLS

Name of Witness/Bystanders

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Grade Level/Teacher

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On what date(s) did the incident(s) happen?

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Location of the incident(s)

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What best describes what happened? (Check all that apply)

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Bullying, harassment, or intimidation that involves physical aggression             |
| <input type="checkbox"/> | Getting another person to hit or harm a student                                     |
| <input type="checkbox"/> | Teasing, name calling, making critical remarks, or threatening (in-person or other) |
| <input type="checkbox"/> | Demeaning and making the student the target of jokes                                |
| <input type="checkbox"/> | Excluding or rejecting the student  |
| <input type="checkbox"/> | Spreading harmful rumors or gossip  |
| <input type="checkbox"/> | Making rude and/or threatening gestures   |
| <input type="checkbox"/> | Intimidating (bullying), extorting, or exploiting                                   |
| <input type="checkbox"/> | Electronic communication  |
| <input type="checkbox"/> | Other: Please Specify   |

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Was there an adult around at the time of the incident?

☐ Yes ☐ No

If so, who?

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### Description of the complaint

Include a brief description of what you saw and heard: (Specify your complaint by stating the problem as you see it. Describe the incident, the participants, the background to the incident, and any attempts you have made to solve the problem).

Be sure to include all relevant dates, times, and places. Additional pages may be attached if necessary.

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### Proposed Solution

Indicate what you think you can and should be done to solve the problem.

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I certify that this information is correct to the best of my knowledge.

Signature of Complainant: \_\_\_\_\_  
Date: \_\_\_\_\_

Document Received by: \_\_\_\_\_  
Date: \_\_\_\_\_

Investigating Official: \_\_\_\_\_  
Date: \_\_\_\_\_