



# Bullying, Harassment or Intimidation Reporting Form

Dysart Unified School District  
15802 North Parkview Place, Surprise, AZ 85374



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

**Directions:** Bullying, harassment or intimidation is not acceptable. Please complete this form to report alleged bullying, harassment, or intimidation and return it to the school administration office. Contact the school for additional information or assistance at any time.

Today's Date: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Are you (Check one): ☐ Student/ Victim ☐ Student Witness/Bystander ☐ School Staff Member  
☐ Parent/Guardian ☐ Close Adult Relative ☐ Other Adult

Name(s) of Student Victim(s): \_\_\_\_\_ Name(s) of Alleged Offender(s): \_\_\_\_\_ Name(s) of Witness(es)/Bystander(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. On what date(s) did the incident(s) happen? \_\_\_\_\_

2. Where did the incident(s) happen? (Check all that apply):

☐ Bus ☐ Cafeteria ☐ Classroom ☐ Hallway  
☐ Playground ☐ Restroom ☐ School Activity/Event ☐ To/From School  
☐ Other: \_\_\_\_\_

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

☐ Cyber Bullying ☐ Hitting ☐ Inappropriate Touching ☐ Intimidation  
☐ Kicking ☐ Name Calling ☐ Profanity ☐ Pushing  
☐ Rude/Threatening Gestures ☐ Rumors/Gossip ☐ Social Exclusion/Rejection ☐ Teasing  
☐ Theft ☐ Threatening ☐ Other: \_\_\_\_\_

4. Was there an adult around at the time of the incident? ☐ Yes ☐ No If so, who? \_\_\_\_\_

5. Explain what you saw and heard: (Use back of form if additional space is needed)

Signature of Person Reporting Incident \_\_\_\_\_

## ♦ FOR OFFICE USE ONLY ♦

Rights/Protections/Services supplied to victim:	Date: _____	Admin. Signature _____
Complaint Investigated: <input type="checkbox"/> Yes <input type="checkbox"/> No		Admin. Signature _____
Entered into Infinite Campus: <input type="checkbox"/> Yes <input type="checkbox"/> No		Admin. Signature _____
Investigation results provided to victim:	Date: _____	Admin. Signature _____