



Bullying, Harassment, or Intimidation Reporting Form

Chester Upland School District

1720 Melrose Avenue

Chester, PA 19013

Bullying Hotline: (610) 447-5888

Report Bullying: nobullying@chesteruplandsd.org

Dr. Joyce Wells

Acting Superintendent

Dr. Dexter Davis

Acting Assistant Superintendent

This form is confidential

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, or a school staff member and wish to report an incident of alleged bullying, harassment or intimidation, complete this form and return it to a Teacher, Climate Manager, Assistant Principal or Principal at your school. Contact student's school for additional information or assistance at any time.

Bullying-Effective 2008, the definition of "bullying" is an intentional electronic, psychological, written, verbal or physical act, or series of acts: (1) directed at another student or students, (2) which occurs in a school setting (Under PA Law "school setting" is defined as in the school, on school grounds, in school vehicles, at a designated school or public bus stop or at any activity sponsored, supervised, or sanctioned by the school), (3) that is severe, persistent or pervasive, and (4) that has the effect of doing the following: (a) substantially interfering with a student's education, (b) creating a threatening environment, or (c) substantially disrupting the orderly operation of the school.

For administration use only:

Place a in the appropriate box:

Number of Offenses:

First Offense Second Offense Third Offense

Today's date: __/__/__

School: _____

Person Reporting Incident: Name _____

Telephone () _____ E-mail: _____

Place a in the appropriate box: Faculty/Staff Student Parent/guardian Family Member

1. Name of student /victim: _____ Age: _____
(Please print)

2. (Please print)

| Name(s) of alleged offender(s) | Grade | 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 date(s) did the incident happen? __/__/__ __/__/__ __/__/__
Mo. Day Yr Mo. Day Yr Mo. Day Yr

4. Where did the incident happen (choose all that apply)?

- On school property At a school-sponsored activity or event off school property Cyber-bullying*
- On a school bus On the way to/from school* Outside of School*

5. Place an X next to the statement(s) that best describes what happened (choose all that apply):

- Hitting, kicking, shoving, spitting, hair pulling, or throwing something
 - Getting another person to hit or harm the student
 - Teasing, name-calling, making critical remarks, or threatening, in person or by other means
 - Demeaning and making the victim of jokes
 - Making rude and/or threatening gestures
 - Excluding or rejecting the student
 - Intimidating (bullying), extorting, or exploiting
 - Spreading harmful rumors or gossip
 - Email, text messages, websites, cell phones, instant messaging
- (Please present print out cyber-bullying within 2 days of complaint)**

6. What did the alleged offender(s) say or do?

(Attach a separate sheet if necessary)

7. Why did the harassment or intimidation (bullying) occur?

(Attach a separate sheet if necessary)

8. List witness(es) that were present:

9. How did you learn about the bullying?

10. Did a physical injury result from this incident? Place an next to one of the following:

No Yes, but it did not require medical attention Yes, and it required medical attention

11. Is there any additional information you would like to provide?

(Attach a separate sheet if necessary)

I hereby certify that the information I have provided in this complaint is true, and correct and complete to the best of my knowledge.

Signature

Date

Parent Signature

Date

Received by

Date

This form is to be confidential.

***All incidences will be investigated, but every incident may not result in school discipline.**

