

APPENDIX VIII

**STUDENT ANTI-HARASSMENT/ANTI-VIOLENCE/ ANTI-BULLYING
REPORTING FORM**

BIRMINGHAM CITY SCHOOLS

School: _____

Name of student victim: _____

Age: _____ Grade: _____

Date/Dates of Occurrence: _____

Indicate below name(s) of alleged offender(s) (if known):

NAME	Age or Grade	SCHOOL (If Known)	Is he/she a student?

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

- Any bullying, harassment, or intimidation that involves physical aggression
- 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 the brunt of jokes
- Making rude and/or threatening gestures
- Excluding or rejecting the student
- Intimidating (bullying), extorting, or exploiting
- Spreading harmful rumors or gossip
- Electronic Communication Specify: _____
- Drugs/Alcohol
- Weapons
- Other Specify: _____

Where did the incident(s) happen? (Choose all that apply)

- On school property
- At a school-sponsored activity or event off school property
- On a school bus
- On the way to/from school*
- Other: _____

What did the alleged offender(s) say or do? *(Please print)*

Why did the bullying, harassment or intimidation occur? *(Please print)*

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

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

If there was a physical injury, do you think there will be permanent effects?

- Yes
- No

Was the student victim absent from school as a result of the incident?

- Yes
- No

If yes, how many days was the student victim absent from school as a result of the incident? _____

Did a psychological injury result from this incident? Place an **X** next to one of the following:

- No
- Yes, but psychological services have not been sought
- Yes and psychological services have been sought

Is there any additional information you would like to provide?

Signature: _____ **Date:** _____

Relationship to Victim:

- Student Victim
- Bystander
- Parent/Guardian of Victim
- School Staff
- Relative of Victim Specify: _____
- Other Specify: _____

Contact Number(s) and Email: _____

*** Upon completion, return to your school principal (or designee)