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):

<table>
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<tr>
<th>NAME</th>
<th>Age or Grade</th>
<th>SCHOOL (If Known)</th>
<th>Is he/she a student?</th>
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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 of 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)