



## Suspected Bullying/Harassment Incident Form

*(This form is used for the purposes of reporting suspected bullying and/or harassment incidents)*

**“Establishing lasting peace is the work of education.” – Maria Montessori**

**Bullying:** CMP relies on the following criteria for *bullying*:

- The behavior is targeted
- The behavior has happened more than once to the targeted student and/or group of students
- There is an imbalance of power between the target and the suspected bully
- A bully is a person who is habitually cruel or overbearing, especially to a smaller or perceived weaker person

**Harassment:** Forms of *harassment* include, but are not limited to:

- Name calling
- Throwing items at another person
- Taking someone else's possessions (i.e. backpacks, shoes, binder) and “hiding” or removing them from view
- Starting or facilitating rumors about individuals
- Physical intimidation
- Making slurs or remarks intended to be insulting or derogatory

**Ways to Report:**

- Verbally to any school employee
- In writing or through electronic communication to any school employee
- Filling out the Suspected Bully Incident Form and turning it in to campus administration

Name of Reporter/Person Filing the Report \_\_\_\_\_ Date \_\_\_\_\_

Check whether you are:

- ☐ Target of the behavior
- ☐ First Hand Witness to the behavior
- ☐ Second Hand Reporter ("Up-stander")

Who did you hear the report from? \_\_\_\_\_

**(Note: reports may be anonymous)**

Check whether you are:

- ☐ Student
- ☐ Parent
- ☐ Administrator
- ☐ Staff Member (specify role) \_\_\_\_\_
- ☐ Other (specify) \_\_\_\_\_

Check whether you are Reporting:

- ☐ Harassment
- ☐ Bullying

Your contact information \_\_\_\_\_

(Form continued on reverse side)

**Please note, in order to best serve our student community, prompt reporting is encouraged.**

**INFORMATION ABOUT THE INCIDENT:**

Name of Target (of behavior): \_\_\_\_\_

Name of Perceived Bully: \_\_\_\_\_

Date(s) of Incident(s): \_\_\_\_\_

Time When Incident(s) Occurred: \_\_\_\_\_

Location of Incident(s): \_\_\_\_\_

Witnesses including staff members, students or others:

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

Describe the details of the incident (including names of people involved, what occurred, and what each person did and said, including specific words used).

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

Please list prior incidents indicating a pattern of bullying.

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

Signature of Person Filing this Report: \_\_\_\_\_ Date: \_\_\_\_\_

**(Note: reports may be filed anonymously)**

*❖ The school will respond to all inappropriate student behavior regardless of the determination and outcome of the suspected bully report.*

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**FOR ADMINISTRATIVE USE ONLY**

Form Given to \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_

Check whether Bullying and Investigation Form was used:

- ☐ Yes  
☐ No

Signature: \_\_\_\_\_