

**Fredericksburg Independent School District
PRELIMINARY BULLYING/HARASSMENT INCIDENT REPORTING FORM (Policy FFI & FFH)**

Directions: FISSD is committed to providing a safe environment to all members of our community. Therefore, bullying is serious and will not be tolerated. If you wish to report an incident of alleged bullying, please complete this form and return it to the student's counselor. For additional assistance or information, contact the school at any time. This form can be completed anonymously. **Every** reported act of bullying will be investigated.

Campus: _____ **Today's Date:** _____

Name(s) of student target(s) of bullying:	Age:	Grade:
---	------	--------

Name(s) of alleged aggressor(s) (If known):	Age:	Grade:
---	------	--------

Name(s) of witness(es) (If known):

When did the incident(s) happen? (Include date and time.)

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

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

Please check the box or boxes next to the statement(s) that best describes what happened (choose all that apply):

<input type="checkbox"/> Teasing	<input type="checkbox"/> Physical Violence	<input type="checkbox"/> Intimidation	<input type="checkbox"/> Retaliation
<input type="checkbox"/> Hurtful, demeaning remarks or actions	<input type="checkbox"/> Public Humiliation	<input type="checkbox"/> Extortion	<input type="checkbox"/> Aggression encouraged by others
<input type="checkbox"/> Maliciously excluding from group	<input type="checkbox"/> Cyber bullying	<input type="checkbox"/> Stalking	<input type="checkbox"/> Rumors or Spreading Falsehoods
<input type="checkbox"/> Defacing clothing or other property	<input type="checkbox"/> Threat	<input type="checkbox"/> Theft	<input type="checkbox"/> Other _____

What did the alleged aggressor(s) say or do? (use reverse side if necessary)

Name of person reporting incident(s)? (Optional): _____

Telephone (optional): _____ Email (optional): _____

Check the appropriate box: Student Parent/guardian Other: _____

Signature: _____ Date: _____

For Office Use Only	
Counselor Receiving Report: _____	Date: _____
Parent/Guardian Contacted: No ____ Yes ____ Via: _____	Date: _____
Referred to Administration: _____	Date: _____