

Pontotoc City School District Report of a Bullying/Harassment Incident

Any student, school employee or volunteer who feels he/she has been a victim of bullying or harassing behavior, or has witnessed or who has reliable information that a student, school employee or volunteer has been subject to bullying or harassing behavior shall report such conduct to a teacher, principal, counselor, or other school official. The report shall be made promptly but no later than (5) five calendar days after the alleged act(s) occurred.

Person completing form: _____ Date: _____

Status of person filing complaint (check below):

_____ Victim (student) _____ Faculty Member _____ Student _____ Bus Driver _____ Witness
 _____ Victim (staff member) _____ Parent/Guardian _____ Other: _____

PLEASE PRINT BELOW

VICTIM'S NAME (last, first, middle)	SEX	TEACHER/GRADE	AGE
BULLY'S NAME (last, first, middle)	SEX	TEACHER/GRADE	AGE
SCHOOL/SITE			
ADMINISTRATOR/PRINCIPAL/SUPERVISOR			

1. Is anyone in immediate danger? ____ Yes ____ No. If yes, contact proper authorities, such as law enforcement, immediately.
2. Please describe, in as much detail as possible, what happened (*continue on back or attach additional paper if necessary*).
 - a. Who is harassing/bullying you? _____
 - b. What has happened? _____
 - c. Where did it happen? _____
 - d. When did it happen? _____
3. Witness(es) name(s) (if any): _____ Grade(s): _____
4. How long has this been going on? _____
5. In what way, if any, did you react to the incident? _____
6. Have you talked to anyone about this already? (Student, Teacher, Other Adult) _____
7. Who do you want to talk to about the problem? _____
8. What do you want to happen now?
 - a. ____ I just want someone to know.
 - b. ____ I want an adult to talk to the person who is harassing/bullying me.
 - c. ____ I want an adult to help me and the person(s) doing the harassing/bullying to solve the problem.
 - d. ____ I want an adult to try to stop the bullying/harassment.
 - e. ____ Other: _____
9. Is there an environment (place) where you feel unsafe? ____ Yes ____ No If yes, where? _____

Signature _____ Date _____

Signature _____ Date _____

*****ADMINISTRATOR FOLLOW UP*****

_____ Date I met with reporting individual
 _____ Date of notification: parent, central office staff, other: _____
 _____ Date I followed up with person(s) doing the harassing
 _____ Date of parent notification of person doing the harassing.

Signature of Administrator _____ Date _____

*A staff person has met with me about the resolution of this incident.
 This report and follow-up will be kept on file in the above administrator's office and any disciplinary dispositions will be entered in MSIS.*