



Bullying, Harassment, or Intimidation Reporting Form

Department of Student Services
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

MCPS Form 230-35
July 2008

This form is to be confidentially maintained in accordance with the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g.

Directions: Bullying, harassment, and intimidation are serious and will not be tolerated. This is a form to report alleged harassment and intimidation (bullying) that occurred on school property; at a school-sponsored activity or event off school property; on a school bus; or on the way to and/or from school*, in the current school year. If you are a student victim, the parent/guardian of a student victim, a close adult relative of a student victim, or a school staff member and wish to report an incident of alleged bullying, harassment or intimidation, complete this form and return it to the Principal at the student victim's school. Contact the school for additional information or assistance at any time.

Bullying, harassment, and intimidation means intentional verbal, physical, or written (including electronic) conduct that creates a hostile environment and substantially interferes with educational benefits, opportunities, or performance, or with a student's physical or psychological well-being and is motivated by an actual or perceived personal characteristic, such as race, national origin, marital status, sex, sexual orientation, gender identity, religion or disability, or is threatening or seriously intimidating.

Today's date ____/____/____ School _____ School System _____

Person Reporting Incident: Name _____

Telephone _____-_____-_____ E-mail _____

Place an in the appropriate box: Student Parent/guardian Close adult relative

1. Name of student victim _____ Age _____
(Please print)

2. Name(s) of alleged offender(s) (If known) (Please print)	Age	School (if known)	Is he/she a student?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

3. On what date(s) did the incident happen? ____/____/____ ____/____/____ ____/____/____
Mo. Day Year Mo. Day Year Mo. Day Year

4. Where did the incident 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*

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

- Hitting, kicking, shoving, spitting, hair pulling, or throwing something
- 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 of jokes
- Making rude and/or threatening gestures
- Excluding or rejecting the student
- Intimidating (bullying), extorting, or exploiting
- Spreading harmful rumors or gossip
- Other (specify) _____

**Will be collected unless specifically excluded by local board policy*

Maryland State Department of Education in accordance with the Safe Schools Reporting Act of 2005

6. What did the alleged offender(s) say or do? _____

(Attach a separate sheet if necessary)

7. Why did the harassment or intimidation (bullying) occur? _____

(Attach a separate sheet if necessary)

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

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

9. If there was a physical injury, do you think there will be permanent effects? Yes No

10. 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? _____

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

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

12. Is there any additional information you would like to provide? _____

(Attach a separate sheet if necessary)

_____ / _____ / _____
Signature *Date*