



# Sharyland ISD Alleged Bullying Incident Reporting/Complaint Form

Date: \_\_\_\_\_

Campus: \_\_\_\_\_

Name of person making report: \_\_\_\_\_

Position: \_\_\_\_\_ (If SISD employee making report)

### INCIDENT DETAILS:

1. Name of the alleged aggressor(s):

Name: \_\_\_\_\_ ID# \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ ID# \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ ID# \_\_\_\_\_ Grade: \_\_\_\_\_

Check:  Student  Staff  Other

2. Name of person(s) targeted by the aggressor:

NAME: \_\_\_\_\_ ID# \_\_\_\_\_ GRADE: \_\_\_\_\_

NAME: \_\_\_\_\_ ID# \_\_\_\_\_ GRADE: \_\_\_\_\_

Check:  Student  Staff  Other

3. Date(s) & Time(s) of incident(s): \_\_\_\_\_

4. Incident location (be as specific as possible): \_\_\_\_\_

5. Type of Harassment Alleged (check all that apply)

Verbal  Written  Physical  Cyber  Racial  Sexual

Religious  Disability  Sexual Orientation  Gender  Other \_\_\_\_\_

6. Describe the incident in detail, including the name of the person(s) involved, what was said and done, specific words used. Inappropriate behavior observed by adult witnesses include:

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

7. Witnesses (List people who saw the incident or have relevant information about the incident):

Name: \_\_\_\_\_  Student  Staff  Other

Name: \_\_\_\_\_  Student  Staff  Other

Name: \_\_\_\_\_  Student  Staff  Other

PRIOR DOCUMENTED INCIDENTS:  No  Yes Date: \_\_\_\_\_ Time: \_\_\_\_\_

If yes, did the incidents involve the target?  No  Yes

If yes, did incidents reach to the level of bullying?  No  Yes