

Bullying, Harassment, or Intimidation Reporting Form Howard County Public School System • Ellicott City, Maryland 21042

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

Bullying, harassment, or intimidation are serious and will not be tolerated. Report alleged bullying, harassment, or intimidation 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 target/victim, the parent/ guardian of a student target/victim, or a close adult relative of a student target/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 target/victim's school. Contact the school for additional information or assistance at any time.

Bullying, harassment, or intimidation means intentional conduct, including verbal, physical, or written conduct, or an intentional electronic communication, that: (I) creates a hostile educational environment by substantially interfering with a student's educational benefits, opportunities, or performance, or with a student's physical or psychological well-being and is:

- motivated by an actual or a perceived personal characteristic including race, national origin, marital status, sex, sexual orientation, gender identity, religion, ancestry, physical attribute, socioeconomic status, familial status, or physical or mental ability or disability;
- threatening or seriously intimidating; and
- · occurs on school property, at a school activity or event, or on a school bus; or
- substantially disrupts the orderly operation of a school.
- "Electronic communication" means a communication transmitted by means of an electronic device, including a phone, cellular phone, computer, or pager.

Today's date// School		School System		
PERSON REPORTING INCIDENT: Name				
Telephone: () E-mail: _				
Place an X in the appropriate box:				
☐ Student ☐ Student (Witness/Bystander) ☐ Pare	ent/gua	ardian	tive	
1. Name of student target/victim: Age:				
2. Name(s) of alleged offender(s) (if known) (Please print)	Age	School (if known)	Is he/she a student?	
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	
3. On what date(s) did the incident happen?:// Month/Da	ıy/Year	 Month/Day/Year	/ Month/Day/Year	
4. Place an X next to the statement(s) that best describes what happened (choose all that apply):				
 Any bullying, harassment, or intimidation that involves physical aggression 		☐ Demeaning and making the target/victim of jokes		
		☐ Making rude and/or threatening gestures		
Getting another person to hit or harm the student		☐ Excluding or rejecting the student		
 Teasing, name-calling, making critical remarks, or threatening, in person or by other means Sexual harassment (specify):		☐ Intimidating (bullying), extorting, or exploiting		
		☐ Spreading harmful rumors or gossip		
☐ Electronic Communication (specify):				
☐ Other (specify):				

5.	Where did the incident ha	appen (choose all that apply)?	
	On school property	☐ At a school-sponsored activity or ever	nt off school property
	☐ On a school bus	☐ On the way to/from school	
6.	What did the alleged offe	ender(s) say or do?	
		(Attach a separate sheet if neces	sary)
7.	Why did the bullying, ha	rassment or intimidation occur?	
	, ,		
		(Attach a separate sheet if neces	sary)
8.		ult from this incident? Place an X next to on it did not require medical attention	e of the following: Yes, and it required medical attention
9.	If there was a physical ir	njury, do you think there will be permanent e	effects?
10		osent from school as a result of the incident as the target/victim absent from school as	
11		ry result from this incident? Place an X next blogical services have not been sought	to one of the following: s, and psychological services have been sough
12	2. Is there any additional in	formation you would like to provide?	
		(Attach a separate sheet if neces	sary)
Sig	nature:		Date:/

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

Contact HCPSS Department of Special Education and Student Services (410) 313-5336 or

Office of Equity Assurance (410-313-6654) with any questions.