

5. 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

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

(Attach a separate sheet if necessary)

7. Why did the bullying, harassment or intimidation occur?

(Attach a separate sheet if necessary)

8. Did a physical injury result from this incident? Place an X 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 target/victim absent from school as a result of the incident? Yes No

if yes, how many days was the target/victim absent from school as a result of the incident? _____

11. Did a psychological injury result from this incident? Place an X 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: ____/____/____

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.