St. John the Baptist Catholic Montessori School
Bullying and Harassment Incident Intake Form

NOTE: Please return completed form to the principal.

Date: _____

Name of person writing this report: _____

Check whether you are the: ☐ Target of the behavior ☐ Reporter (not the target)

Check whether you are a: ☐ Student ☐ Staff member (specify role): _____

☐ Parent ☐ Administrator ☐ Other (specify): _____

Name of student bullied/harassed (target): _____

School: _____ **Grade:** _____

Name(s) of bully/ies:_____ _____

_____ _____

Description of incident(s) (answer who, what, where, when, how) (use back or another sheet if necessary):

Where did the incident happen? Check all that apply

☐ Bus
☐ Cafeteria
☐ Classroom
☐ Gym
☐ Hallway
☐ Internet/Social Media
☐ Locker Room
☐ Restroom
☐ School sponsored activity or event
☐ To/from school
☐ Other

_____

Name(s) of witnesses (teachers, staff, other students): _____

_____

Has this kind of incident happened to the target before? ☐ Yes ☐ No

If yes, how many times? _____ **When?** _____

Has this kind of incident happened to anyone else? ☐ Yes ☐ No

If yes, who? _____

Has this kind of incident happened involving bully/ies before? ☐ Yes ☐ No

Continued on back

Circle all behaviors that apply.

PHYSICAL CONDUCT -- *Harm to another's body or property*

-Threatening physical harm
-Making threatening gestures
-Starting a fight
-Cornering or blocking
-Pushing
-Pinching
-Scratching
-Hair pulling
-Spitting
-Slapping
-Kicking
-Tripping
-Biting
-Hitting
-Punching
-Destroying or defacing property
-Theft
-Assault with a weapon
-Extortion
-Sexual assault
-Arson
-Homicide

EMOTIONAL CONDUCT -- *Harm to another's self-worth*

-Threatening to secure silence
-Challenging in public
-Insulting gestures
-Dirty looks
-Insulting remarks
-Name Calling
-Taunting
-Racial, ethnic or religious slurs or epithets
-Insulting remarks
-Defacing or falsifying schoolwork
-Insulting/degrading graffiti
-Harassing and/or frightening phone calls, emails, text or phone messages
-Unwanted sexually suggestive remarks, images or gestures

RELATIONAL CONDUCT -- *Harm to another through damage (or threat of damage) to relationships or feelings of acceptance, friendship or group inclusion*

-Using negative body language or facial expressions
-Threatening to end a relationship
-Gossiping
-Starting/spreading rumors
-Playing mean tricks
-Insulting publicly
-Ruining a reputation
-Ignoring someone to punish or coerce
-Undermining other relationships
-Passively not including in group
-Exclusion
-Ostracizing / total group rejection
-Arranging public humiliation

Describe any physical evidence that exists related to the incident (including physical marks, video/audio, printouts/screenshots of social media and other websites, emails, photos, text messages, etc.) Be advised that photos should be taken and printed off for all evidence contained on cell phones (i.e. text messages, photos, social media activity.): _____

_____

_____

****Where possible, please attach copies of all evidence information to this report. ****

This form is for reporting purposes only and not to be used to interview or interrogate an individual. Any and all information contained in this report is to remain confidential, and is not to be shared with any outside party. Anyone who wishes to make a report of bullying may use this form as an initial step in the process. Other methods of reporting include contacting a teacher, counselor, principal or other District employee.

A student who intentionally makes a false claim, offers false statements, or refuses to cooperate with a District investigation regarding bullying shall be subject to appropriate disciplinary action.

The District prohibits retaliation (i.e. threats, rumor spreading, ostracism, assault, destruction of property, etc.) by a student or District employee against any person who makes a report of bullying in good faith, serves as a witness, or participates in an investigation.

Additional comments:

_____ _____

Signature of person making the report **Date**

Form given to: _____ **Position:** _____ **Date:** _____