



Reviewed by: _____ Date: _____

Student allegedly bullied or harassed _____

Who is accused of bullying or harassing? _____

Student Bullying and Harassment Report submitted by Student Parent Staff Other _____

Has the student filed previous reports? Yes No If known, how many? _____

Has the other student had previous reports filed against him/her? Yes No If known, how many? _____

Review: Does the incident meet NC harassment/bullying criteria? (Check all that apply)

A pattern (repeated) of one or more of the following:

- Gestures
 Communications (verbal/written)
 Physical Act
 Threatening Communication

AND One or more of the following:

- Damage to Property
 Places student in actual and reasonable fear of harm to her or her person
 Creates or is certain to create a hostile environment by substantially interfering with or impairing student's educational performance, opportunities or benefits by:

(Hostile environment meets both criteria below)

- Student subjectively views the conduct as bullying or harassing behavior
 Behavior is objectively severe or pervasive enough that a reasonable person would agree it is bullying or harassing behavior.

***Does incident meet NC Bullying criteria above? Yes No Not sure

Interventions implemented: (attach additional information if needed)

Contact parent/guardian of students involved if:

- * bullying/harassment did occur
* parent/guardian filed Student Bullying and Harassment Report

Victim parent contact date: _____ Offender parent contact date: _____

Referred to: Administration Nurse SRO School Counselor School Social Worker Other _____