Student Safety Reporting Form

for reporting bullying, harassment and other concerns

Do the best you can filling out this information. Please do not write on the back of this form. Turn this form in to the school office or a staff member at your school.

Today's date: _____   **School**: _____

Name of the person(s) who experienced the incident: _____

Contact information: _____

Name of person filling out form (if different): _____
(Note: you may report anonymously if you prefer, but having this information may help us investigate the concern.)

Name(s) of the person(s) of concern: _____

Describe what is happening or has happened: (Use additional paper if you need more room)

_____

_____

_____

Where did it happen? (example: classroom, Instagram, off campus): _____

When did it happen? _____

Who was involved? _____

Who saw it? _____

Has this type of behavior happened before? ☐ Yes (please tell us more about it) or ☐ No

_____

Do you have a teacher, counselor or advisor supporting you? Who? _____

If possible, would you like this person with you when talking to administration? ☐ Yes or ☐ No

Besides stopping the unsafe behavior, what would you like to see happen?

(Use additional paper if you need more room)

_____

_____

STUDENTS – Please return this to the school office or to a staff member. DO NOT WRITE ON THE BACK.

STAFF – Return this form to the school administrator. If the administrator is alleged to have engaged in wrongdoing, return to the superintendent's office.

This side of the form is to be filled out by an administrator. The reporting person does not write on this side.

Date received: _____ (Initial contact should be within 24 hours.)

Date student was met with: _____

Name of school personnel supporting in this resolution: _____

Area of concern (mark all those that apply):

☐ Teasing ☐ Physical (Hitting, Kicking, Pushing) ☐ Threatening ☐ Name calling

☐ Gossip/Rumor spreading ☐ Cyberbullying (social media) ☐ Intimidating ☐ Self-harm

☐ Sexual Harassment ☐ Sexual assault

☐ Other (please describe): _____

Does the issue/situation target the person's: race, color, ethnicity, religion, sex, sexual orientation, gender identity or expression, national origin, marital status, familial status, source of income or disability? ☐ Yes, describe or ☐ No

_____

Admin should consider:
- *The applicable policies, rules and/or code of conduct (For example: JBA/GBA-AR Sexual Harassment, JFCF Harrassment, Initimidation, Bullying, Cyberbullying, Hazing, Teen Dating Violence and Domestic Violence)*
- *Would the student feel safer if there was someone of their gender identity and/or cultural identity present? Who on staff needs to be in the room to support the student?*
- *Has the student experienced this kind of incident before? Who responded in that incident? What was the outcome/resolution and why?*
- *Where is this addressed in the Student Rights and Responsibilities Handbook?*
- *What restorative steps need to be taken?*

Outcome & next steps:

_____

_____

_____

Does the student(s) or adult filling out this form feel the situation has been resolved? Why or why not?
How do you know? What is your plan for following up/checking with the student/adult in a few weeks?

_____

_____

Date parent was contacted: _____ **Method of contact**: _____

☐ **Response from parent (explain) or** ☐ **Parent not contacted due to student safety concern (explain):**

_____

_____

Store these forms in a folder in the administration office.