



Frank Augustus Miller Middle School

17925 Krameria Avenue
Riverside, CA 92508
(951) 789-8181

Bullying, Harassment, or Intimidation Reporting Form

This form is to be kept confidentially maintained.

Bullying, harassment, and intimidation are serious and will not be tolerated. This form is used to report alleged harassment, intimidation, or bullying that occurred on school property, at a school-sponsored event or activity off of school property, on a school bus, or on the way to and from school, in the current school year. If you would like to report an incident of alleged bullying, harassment, or intimidation, complete this form and return it to any staff member at school. All forms will then be sent to the assistant principal for investigation. You may contact the school for additional assistance at any time.

Today's date: _____

Person Reporting Incident: _____

Telephone (if not a current student): (____) _____

Email: _____

Please check the appropriate box: Faculty/Staff Student Parent/Guardian/Family Member

1. Name of student victim: _____

2. Please list alleged offenders in the table below.

<i>Name(s) of alleged offenders:</i>	<i>Age/Grade</i>	<i>School</i>	<i>Is he/she a student?</i>
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

3. On what date(s) did the incident happen? ____/____/____ ____/____/____ ____/____/____

4. Where did the incident happen? (Examples: at the bus stop, at home, in class, at lunch, in the locker room, etc.)

5. Please describe the alleged incident of harassment/bullying/intimidation in detail. _____

6. Why did the alleged incident occur? _____

7. List any witnesses that were present: _____

8. How did you learn about the incident? _____

9. Did a physical injury result from this incident?
 No Yes, but it did not require medical attention Yes, and it required medical attention
10. If there was a physical injury, do you think there will be permanent effects? Yes No
11. Was the student victim absent from school as a result of the incident? Yes No
 a. If yes, how many days was the student victim absent from school as a result? _____
12. Did a psychological injury result from this incident?
 No Yes, but psychological services have not been sought Yes, and psychological services have been sought.
13. Who have you reported this to? (parents, teachers, friends, administrator, etc.—be specific) _____

14. What would you like for an adult to do to help? (Example: listen to the victim, talk to the other students, what for similar behavior, disciplinary action) _____

15. Is there any additional information you would like to provide? _____

I certify that the information I have provided in this complaint is true, correct, and complete to the best of my knowledge.

Signature: _____

Date: ____/____/____

Received by: _____

Date: ____/____/____

All reported incidences will be investigated, but not every incident will result in school discipline.