

To be completed by Complainant:

## Buckeye Local School District Bullying/Harassment Report Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_

Location of Incident: \_\_\_\_\_ Time occurred: \_\_\_\_\_

Reported by: \_\_\_\_\_ Contact number: \_\_\_\_\_

Name of person you believe harassed or was violent toward you or another person: \_\_\_\_\_

Describe the incident(s) as clearly as possible, including such things as: what force, if any, was used, any verbal statements (i.e. threats, requests, demands, etc.): what, if any, physical contact was involved, etc. (Attach additional pages if necessary and include any pictures of resulting personal or property damage).

Is the person who did the bullying male or female? \_\_\_\_\_ Is victim male or female? \_\_\_\_\_

Type of Incident: (check all that apply)

**PERSONAL**

Body language/gestures     Physical assault-  
 Verbal slurs/threats        no weapon(s) used  
 Harassment                     Physical assault-  
 Extortion/theft                weapon(s) used

**PROPERTY**

Graffiti  
 Property damage  
 Arson  
Other: \_\_\_\_\_

Type of Bias: (check all that apply)

Race     Sexual Orientation     Religion     Sex (gender)  
 Disability     National Origin        Other: \_\_\_\_\_

List any witnesses who were present: \_\_\_\_\_

Describe any prior incidents: \_\_\_\_\_

Complainant Signature \_\_\_\_\_

Date \_\_\_\_\_

Received by \_\_\_\_\_

Date: \_\_\_\_\_

To be completed by Administrator:

**Buckeye Local Schools**  
**Administrator Bullying Action Plan**

Name of student \_\_\_\_\_

Findings of Fact: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*When appropriate attach written witness statements to this report**

**Determination of type of act**

\_\_\_\_\_ **Harassment**

\_\_\_\_\_ **None**

\_\_\_\_\_ **Intimidation**

\_\_\_\_\_ **Other** \_\_\_\_\_

\_\_\_\_\_ **Bullying**

**Any previous reports or incidents:**

**Recommendation for intervention:**

**Disciplinary Action:**

**Parent notified:** \_\_\_\_\_ **Date** \_\_\_\_\_  
Name

\_\_\_\_\_ **Date** \_\_\_\_\_  
Administrator Signature