Richland School District Harassment, Intimidation, Bullying, and Cyber-Bullying Incident Reporting Form

Reporting person (optional):
Targeted student:
Your email address (optional):
Your phone number (optional):Today's date:
Name of school adult you've already contacted (if any):
Name(s) of bullies (if known):
On what dates did the incident(s) happen (if known):
Where did the incident happen? Circle all that apply.
Classroom Hallway Restroom Playground Locker-room Lunchroom Sports Field
Parking Lot School Bus Internet Cell Phone During School Activity
Off School Property On the Way to/from School
Other (Please Describe):
Please check the box that best describes what the bully did. Please choose all that apply.
☐ Hitting, kicking, shoving, spitting, hair pulling or throwing something at the student
☐ Getting another person to hit or harm the student
☐ Teasing, name-calling, making critical remarks or threatening in person, by phone, by email, etc
☐ Putting the student down and making the student a target of jokes
☐ Making rude and/or threatening gestures
☐ Excluding or rejecting the student
☐ Making the student fearful, demanding money or exploiting
□ Spreading harmful rumors or gossip
☐ Cyber bullying (bullying by calling, texting, emailing, web posting, etc.)
□ Other
If you select other, please describe:

Why do you think the harassment, intimidation or bullying occurred?
Were there any witnesses? ☐ Yes ☐ No If yes, please provide their names:
Did a physical injury result from this incident? If yes, please describe.
Was the target absent from school as a result of the incident? ☐Yes ☐ No If yes, please describe
Is there any additional information?
Thank you for reporting!
For Office Use
Received by:
Date received:
Action taken:
Parent/guardian contacted:
Circle One: Resolved Unresolved
Referred to: