



Sharyland ISD

Alleged Bullying Incident Reporting/Complaint Form

Date: _____

Campus: _____

Name of person making report: _____

Position: _____ (If SISD employee making report)

INCIDENT DETAILS:

1. Name of the alleged aggressor(s):

Name: _____ ID# _____ Grade: _____

Name: _____ ID# _____ Grade: _____

Name: _____ ID# _____ Grade: _____

Check: Student Staff Other

2. Name of person(s) targeted by the aggressor:

NAME: _____ ID# _____ GRADE: _____

NAME: _____ ID# _____ GRADE: _____

Check: Student Staff Other

3. Date(s) & Time(s) of incident(s): _____

4. Incident location (be as specific as possible): _____

5. Type of Harassment Alleged (*check all that apply*)

Verbal Written Physical Cyber Racial Sexual
 Religious Disability Sexual Orientation Gender Other _____

6. Describe the incident in detail, including the name of the person(s) involved, what was said and done, specific words used. Inappropriate behavior observed by adult witnesses include:

7. Witnesses (*List people who saw the incident or have relevant information about the incident*):

Name: _____ Student Staff Other

Name: _____ Student Staff Other

Name: _____ Student Staff Other

PRIOR DOCUMENTED INCIDENTS: No Yes Date: _____ Time: _____

If yes, did the incidents involve the target? No Yes

If yes, did incidents reach to the level of bullying? No Yes