

- Demeaning and making the victim of jokes
- Excluding or rejecting the student
- Making rude and/or threatening gestures
- Spreading harmful rumors or gossip
- Intimidating (bullying), extorting, or exploiting
- Electronic communications (specify)
- Other (specify) _____

6. What did the alleged offender(s) do?

7. Why did the harassment/intimidation/bullying occur?

8. Did physical injury result from the incident? Place an "X" next to one of the following:

- No Yes, but it did not require medical attention Yes, and it required medical attention

9. Was the student victim absent from school as a result of the incident? Yes No

10. If yes, how many days? _____

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

For Office Use Only

Official Beginning Date of Investigation

Official Date Investigation Concluded

Parent Contact/Communication Dates

Date of Review by School Based Review Committee

Signature

Date of Review by District Wide Review Committee

Signature

**LITTLE ROCK SCHOOL DISTRICT
Harassment, Intimidation, Bullying Report**

NAME OF VICTIM _____ DATE _____

SCHOOL _____ GRADE _____

NAME(S) OF ACCUSED _____

DESCRIPTION OF INCIDENT _____

Date Incident Occurred _____ Person completing the form _____

FOR OFFICE USE ONLY

Date Received:	
Received By:	

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