



# Bullying, Harassment, or Intimidation Reporting Form

MCPS Form 230-35  
August 2016

Office of Student and Family Support and Engagement  
MONTGOMERY COUNTY PUBLIC SCHOOLS • Rockville, Maryland 20850

*This form is to be confidentially maintained in accordance with the Safe Schools Reporting Act of 2005, Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g.*

**Directions:** Bullying, harassment, or intimidation are serious and will not be tolerated. This is a form to report alleged bullying, harassment, or intimidation that occurred on school property; at a school-sponsored activity or event off school property; on a school bus; or on the way to and/or from school\*, in the current school year. If you are a student victim, the parent/guardian of a student victim, a close adult relative of a student victim, or a school staff member and wish to report an incident of alleged bullying, harassment or intimidation, complete this form and return it to the Principal at the student victim's school. Contact the school for additional information or assistance at any time.

Bullying, harassment, or intimidation means intentional conduct, including verbal, physical, or written conduct or an intentional electronic communication that creates a hostile educational environment by substantially interfering with a student's educational benefits, opportunities, or performance, or with a student's physical or psychological well-being and is:

- motivated by an actual or a perceived personal characteristic including race, national origin, marital status, sex, sexual orientation, gender identity, religion, ancestry, physical attributes, socioeconomic status, familial status, or physical or mental ability or disability; or,
- threatening or seriously intimidating; and,
- occurs on school property, at a school activity or event, or on a school bus; or,
- substantially disrupts the orderly operation of a school.

"Electronic communication" means a communication transmitted by means of an electronic device, including a telephone, cellular phone, computer, or pager.

**(PLEASE PRINT ALL INFORMATION)**

Today's date \_\_\_\_/\_\_\_\_/\_\_\_\_ School \_\_\_\_\_ School System Montgomery County Public Schools

**Person Reporting Incident:** Name \_\_\_\_\_

Telephone \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ E-mail \_\_\_\_\_

Check an appropriate box:

- Student    Parent/guardian of a student    Close adult relative of a student    School staff    Bystander

1. Name of alleged student victim \_\_\_\_\_ Age \_\_\_\_ School \_\_\_\_\_  
 Name of alleged student victim \_\_\_\_\_ Age \_\_\_\_ School \_\_\_\_\_  
 Name of alleged student victim \_\_\_\_\_ Age \_\_\_\_ School \_\_\_\_\_

| 2. Name(s) of alleged witness(s) (If known) (Please print) | Age | School (if known) |
|--|-----|-------------------|
|  |     |                   |
|  |     |                   |
|  |     |                   |

| 3. Name(s) of alleged offender(s) (If known) (Please print) | Age | School (if known) | Is alleged offender a student?                           |
|---|-----|-------------------|--|
|   |     |                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|   |     |                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|   |     |                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

4. On what date(s) did the incident happen?       /    /           /    /           /    /      
Mo./Day/Year      Mo./Day/Year      Mo./Day/Year

5. Where did the incident happen (choose all that apply)?

- On school property  
 At a school-sponsored activity or event off school property  
 On a school bus  
 On the way to/from school  
 Via internet—sent off school property    Via internet—sent on school property  
 Other (specify) \_\_\_\_\_

6. Check the statement(s) that best describes what happened (choose all that apply).

- |  |   |
|--|---|
| <input type="checkbox"/> Any bullying, harassment, or intimidation that involves physical aggression (specify)_____  | <input type="checkbox"/> Related to the student's perceived sexual orientation  |
| <input type="checkbox"/> Getting another person to hit or harm the student   | <input type="checkbox"/> Cyber bullying (e.g., social media including Facebook, Twitter, Vine, Snapchat, Periscope, Kik, Instagram, etc.) |
| <input type="checkbox"/> Teasing, name-calling, making critical remarks, or threatening, in person or by other means | <input type="checkbox"/> Electronic communications (e.g., e-mail, text, sexting, etc.)  |
| <input type="checkbox"/> Demeaning and making the victim of jokes  | <input type="checkbox"/> Gang related   |
| <input type="checkbox"/> Making rude and/or threatening gestures   | <input type="checkbox"/> Gang recruitment   |
| <input type="checkbox"/> Excluding or rejecting the student  | <input type="checkbox"/> Human trafficking/Prostitution recruitment   |
| <input type="checkbox"/> Intimidating, extorting, or exploiting  | <input type="checkbox"/> Racial Harassment  |
| <input type="checkbox"/> Spreading harmful rumors or gossip  | <input type="checkbox"/> Sexual Harassment  |
| <input type="checkbox"/> Related to the student's disability   | <input type="checkbox"/> Sexual in nature   |
|  | <input type="checkbox"/> Other (specify)_____   |

7. Describe the incident(s), including what the alleged offender(s) said or did. (Attach a separate sheet if necessary)

8. Why did the bullying, harassment or intimidation occur?

9. Did a physical injury result from this incident?

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

If there was a physical injury, do you think there will be permanent effects?    No    Yes

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

If yes, how many days was the student victim absent from school as a result of the incident? \_\_\_\_\_

11. Did a psychological injury result from this incident?

- No    Yes, but psychological services have not been sought    Yes, and psychological services have been sought

12. Is there any additional information you would like to provide? (Attach a separate sheet if necessary)

**Maryland State Department of Education in accordance with the *Safe Schools Reporting Act of 2005***

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature Date