

CLAYTON PUBLIC SCHOOLS

HARASSMENT, INTIMIDATION, BULLYING INVESTIGATION REFERRAL FORM  
(Must be given to the building Principal)

Name of Alleged Victim(s) \_\_\_\_\_ Circle: Male/Female  
Date and Time of Alleged incident \_\_\_\_\_ Grade of Alleged Victim \_\_\_\_\_  
Name of Alleged Perpetrator(s) \_\_\_\_\_  
Grade of Alleged Perpetrator(s) \_\_\_\_\_  
Name of person making Referral: \_\_\_\_\_  
Contact info: Email \_\_\_\_\_ Phone #: \_\_\_\_\_

Check all actual or perceived characteristics that were or may have been motivational factors in the alleged bullying incident:

- |   |   |
|---|---|
| <input type="checkbox"/> Race/ethnic origin                         | <input type="checkbox"/> Gender                                   |
| <input type="checkbox"/> Color                                      | <input type="checkbox"/> Sexual Orientation                       |
| <input type="checkbox"/> Religion                                   | <input type="checkbox"/> Gender Identity and Expression           |
| <input type="checkbox"/> Ancestry                                   | <input type="checkbox"/> Mental or Physical or Sensory Disability |
| <input type="checkbox"/> National Origin                            | <input type="checkbox"/> Home circumstances                       |
| <input type="checkbox"/> Appearance                                 | <input type="checkbox"/> Medical condition                        |
| <input type="checkbox"/> Other actual or perceived characteristics: | _____   |

Indicate how you learned that a student may have been the victim of harassment, intimidation or bullying:

- Witnessed incident
- Informed by Alleged Victim
- Informed by other person (Identify if student, parent, staff person, other and list below or attach list):

List below any person who you know or have reason to believe may have witnessed the incident or have relevant information and indicate if student, parent, staff member or other, (i.e. bystanders):

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Describe nature of alleged harassment, intimidation or bullying. Include any gesture, any relevant written, verbal or physical act(s), or any electronic communication (attach additional sheets if necessary). Circle all that apply:

VERBAL	EMOTIONAL	PHYSICAL	ELECTRONIC
Name calling	offensive graffiti	Kicking	offensive text messages
Taunting/Ridiculing	Excluding from Group	Hitting/Punching	offensive E-mails
Mocking	Spreading Rumors	Pushing	Sending Degrading Images
Making offensive Comments	Being forced to do something against his/her will	Pinching	Posting Rumors Lies about someone
Teasing	Taking possessions/money	Stalking	Assuming a person's Electronic Identity with the intent of causing harm
Demeaning comments		Inappropriate touching	Computer Trespass
Other: _____	Other: _____	Other: _____	Other: _____

Where did the incident happen? (circle all that apply)

Bus Stop	Internet	On the way to or from school	School Bus
Cell Phone	Locker Room/Area	Playground	At a school sponsored activity or event off school property
Class Room	Lunch Room	Rest Room	
Hallway	Parking Lot	Other: _____	

Please add any other pertinent information.

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

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

Signature: \_\_\_\_\_

\*Anonymous: \_\_\_\_\_

\*Anonymous reporting is intended as an option for parents or students, **not** by staff members.