Bullying, Harassment, or Intimidation Reporting Form
Chester Upland School District
1720 Melrose Avenue
Chester, PA 19013
Bullying Hotline: (610) 447-5888
Report Bullying: nobullying@chesteruplandsd.org

Dr. Joyce Wells
Acting Superintendent

Dr. Dexter Davis
Acting Assistant Superintendent

This form is confidential

Directions: Bullying, harassment, and intimidation are serious and will not be tolerated. This is a form to report alleged harassment and intimidation (bullying) 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, or a school staff member and wish to report an incident of alleged bullying, harassment or intimidation, complete this form and return it to a Teacher, Climate Manager, Assistant Principal or Principal at your school. Contact student’s school for additional information or assistance at any time.

Bullying-Effective 2008, the definition of “bullying” is an intentional electronic, psychological, written, verbal or physical act, or series of acts: (1) directed at another student or students, (2) which occurs in a school setting (Under PA Law “school setting” is defined as in the school, on school grounds, in school vehicles, at a designated school or public bus stop or at any activity sponsored, supervised, or sanctioned by the school), (3) that is severe, persistent or pervasive, and (4) that has the effect of doing the following: (a) substantially interfering with a student’s education, (b) creating a threatening environment, or (c) substantially disrupting the orderly operation of the school.

For administration use only:
Place a ☒ in the appropriate box:

Number of Offenses:
□ First Offense □ Second Offense □ Third Offense
Today’s date: __ / __ / __  School: ___________________________________

Person Reporting Incident: Name ______________________________________________

Telephone (  )______________________    E-mail: __________________________________

Place a ☒ in the appropriate box: □ Faculty/Staff □ Student □ Parent/guardian □ Family Member

1. Name of student /victim: __________________________ Age: ______
(Please print)

2. (Please print)

<table>
<thead>
<tr>
<th>Name(s) of alleged offender(s)</th>
<th>Grade</th>
<th>School (if known)</th>
<th>Is he/she a student?</th>
</tr>
</thead>
<tbody>
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<td>☐ Yes ☐ No</td>
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<td>☐ Yes ☐ No</td>
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</tbody>
</table>

3. On what date(s) did the incident happen? __ / __ / __   __ / __ / __   __ / __ / __
   Mo. Day Yr   Mo. Day Yr   Mo. Day Yr

4. Where did the incident happen (choose all that apply)?
   □ On school property □ At a school-sponsored activity or event off school property □ Cyber-bullying*
   □ On a school bus   □ On the way to/from school* □ Outside of School*

5. Place an X next to the statement(s) that best describes what happened (choose all that apply):
   □ Hitting, kicking, shoving, spitting, hair pulling, or throwing something
   □ Getting another person to hit or harm the student
   □ Teasing, name-calling, making critical remarks, or threatening, in person or by other means
   □ Demeaning and making the victim of jokes
   □ Making rude and/or threatening gestures
   □ Excluding or rejecting the student
   □ Intimidating (bullying), extorting, or exploiting
   □ Spreading harmful rumors or gossip
   □ Email, text messages, websites, cell phones, instant messaging
     (Please present print out cyber-bullying within 2 days of complaint)

6. What did the alleged offender(s) say or do?________________________________________________________________________________________
________________________________________________________________________________________
(Attach a separate sheet if necessary)
7. Why did the harassment or intimidation (bullying) occur?

(Attach a separate sheet if necessary)

8. List witness(s) that were present:

(Attach a separate sheet if necessary)

9. How did you learn about the bullying?

(Attach a separate sheet if necessary)

10. Did a physical injury result from this incident? Place an ☒ next to one of the following:

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

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

(Attach a separate sheet if necessary)

I hereby certify that the information I have provided in this complaint is true, and correct and complete to the best of my knowledge.

Signature                                      Date

Parent Signature                                Date

Received by                                    Date

This form is to be confidential.
*All incidences will be investigated, but every incident may not result in school discipline.*