

For Administrative Use	
Date Received:	_____
Received By:	_____
Incident Assigned For Investigation To:	_____
Title:	Date: _____

LIVINGSTON PUBLIC SCHOOLS
 Harrassment/Intimidation/Bullying/Hazing Incident Reporting Form

Name of School _____ Date _____

Reporting Person Information (Optional):
 Name: _____ Telephone: _____ Email: _____

I am a: Student Staff Member Parent/Guardian

Administrator Self-Reporting Other: _____

Name of Victim: _____

Name(s) of Aggressor (please describe if not known):
 _____ Grade _____
 _____ Grade _____
 _____ Grade _____

Date/Time of Incident: _____

Where did the incident occur?
 On School Property At a School Sponsored Activity or Event Off School Property
 School Bus On the Way To/From School Electronic

Check All That Describes The Incident:

Physical (pushing, shoving, hitting, fighting, kicking, throwing items, etc)

Emotional (name calling, insults, teasing, verbal threats, staring/leering, etc)

Social (rumors, exclusion, embarrassment, graffiti, jokes, gestures, etc)

Sexual (inappropriate comments/touching, sexual orientation references etc)

Cyber (threatening or harassing texts/I-M's/calls, defamatory posts/e-mails, etc)

Property (vandalism, theft, demanding money, exploiting, or fear of such, etc)

Other (please describe) _____

Please Describe the Incident: _____

Physical Evidence: Graffiti E-mail Photo/Video Website
 Notes Other: _____

Other Students Involved (please indicate whether witness, bystander, or victim):
Name: _____ Grade: _____
Name: _____ Grade: _____

Is this a Repeat Offense?

No this is a one-time incident

Yes, date and description of incident(s): _____

Have you Ever Reported this information Before? _____ With Whom: _____ Date _____
Did a physical injury result from this incident?
 No Yes, but it did not require medical attention
 Yes, and it required medical attention

Was the student/victim absent from school as a result of the incident? No Yes, ___ Days
Have you contacted the police? No Yes: Officer _____ Date: _____

Is there any additional information you would like to provide? _____

I understand the serious nature of this report and I agree that all of the information is accurate and true to the best of my knowledge:

Signature: _____ Date: _____
Please type/print name: _____

*Please note: anyone who files a report he/she knows to be false will be held responsible and may be reported to an appropriate law enforcement agency.