

# CHS REPORT FORM

## CONNERSVILLE HIGH SCHOOL

1100 Spartan Drive., Connersville, IN 47331

765-825-1151

Online Report Form: <http://fayettein.schooldesk.net/ResourceLinks/ResourceCenter/IncidentReportForm>

**Definition of bullying:** an overt, unwanted, **repeated** act or gesture, including written or verbal communications or images transmitted in any manner, physical acts, or any other behaviors that are committed by a student or group of students against another student with the intent to harass, ridicule, humiliate, intimidate, or harm the other targeted student and create for the targeted student an objectively hostile school environment.

Person Reporting Bullying \_\_\_\_\_ I'd like this report to be anonymous

You are:  The Target  A Bystander (witness)  A Parent  A Staff Member

Today's date \_\_\_\_\_

Name of person you think was bullied? \_\_\_\_\_

When did the bullying happen? \_\_\_\_\_

Who do you think was bullying? \_\_\_\_\_

**Type of Bullying** (check all that apply)

Physical:

Hit, kicked, punched

Book checked

Took or damaged property

Other physical aggression

Verbal:

Called mean names

Threatened

Racial/offensive

comments

Relational:

Excluded (left out)

Told lies/spread rumors

Cyber-bullying

Online/email/text

**Where did the bullying happen?** (check all that apply)

Hallway

Cafeteria

On the Bus

Bus Stop

Classroom

Bathroom

Going to/from school  Online/email/text

**Is this the first time that this has occurred?**  Yes  No  Don't Know

**Have you filed a Student Bullying Report before?**  Yes  No

**Who has been told about the incident or saw what happened?** (Check all that apply)

Teacher

Principal

Friend

Parent/Guardian

Assistant Principal

Students

Counselor

Nobody Yet

**Names of possible witnesses** \_\_\_\_\_

**Description of event:**

Any other information that you would like to share:

**Please give this form to your counselor, teacher or to another staff member. Thank you for making this report.**