

**Sharyland ISD**  
**Alleged Bullying Incident**  
**Reporting/Complaint Form**

F-B

**I. Report of the Incident at Campus** \_\_\_\_\_

**1. Information about the Incident:**

Reported by: \_\_\_\_\_ Date: \_\_\_\_\_

Please identify the alleged aggressor: \_\_\_\_\_ ID# \_\_\_\_\_

**Check:**      ☐ Student Grade \_\_\_\_\_      ☐ Staff      ☐ Other

Please identify the person(s) targeted by the aggressor: \_\_\_\_\_

**Check:**      ☐ Student Grade \_\_\_\_\_      ☐ Staff      ☐ Other

Date(s) of incident(s): \_\_\_\_\_

Time when incident(s) occurred: \_\_\_\_\_

Incident location (be as specific as possible): \_\_\_\_\_

**Type of Harassment Alleged** ☐ Verbal      ☐ Written      ☐ Physical      ☐ Electronic  
☐ Racial      ☐ Sexual      ☐ Religious      ☐ Disability      ☐ Other (describe) \_\_\_\_\_

**2. Witnesses (List people who saw the incident or have relevant information about the incident):**

Name: \_\_\_\_\_ ☐ Student      ☐ Staff      ☐ Other

Name: \_\_\_\_\_ ☐ Student      ☐ Staff      ☐ Other

Name: \_\_\_\_\_ ☐ Student      ☐ Staff      ☐ Other

**3. Description of the Incident. Check all spaces below that apply. Inappropriate behavior observed by adult witnesses include:**

- |  |   |
|--|---|
| <input type="checkbox"/> Name Calling            | <input type="checkbox"/> Spitting               |
| <input type="checkbox"/> Stalking                | <input type="checkbox"/> Demeaning Comments     |
| <input type="checkbox"/> Inappropriate Gesturing | <input type="checkbox"/> Stealing               |
| <input type="checkbox"/> Damaging Property       | <input type="checkbox"/> Flashing a Weapon      |
| <input type="checkbox"/> Writing/Graffiti        | <input type="checkbox"/> Shoving/Pushing        |
| <input type="checkbox"/> Threatening             | <input type="checkbox"/> Hitting/Kicking        |
| <input type="checkbox"/> Taunting/Ridiculing     | <input type="checkbox"/> Cyber Bullying         |
| <input type="checkbox"/> Inappropriate Touching  | <input type="checkbox"/> Intimidation/Extortion |
| <input type="checkbox"/> Other _____             |   |

**4. Describe the incident in detail, including the name of the person(s) involved, what was said and done, specific words used. Use additional paper and attach printouts/copies of notes/websites/etc.**