

**PENNRIDGE SCHOOL DISTRICT**  
**Report Form for Complaints of Harassment/ Bullying/ Cyber-Bullying**



Student Name:		<input type="checkbox"/> Victim	<input type="checkbox"/> Witness
Home Address:			
Home Phone:		Parent/ Guardian Cell:	
Grade:      Teacher/ HR:		Person Completing Form:	
Alleged harassment/ bullying/ cyber-bullying was based on (check those that apply):			
<input type="checkbox"/> Hitting/ Kicking/ Shoving/ Spitting	<input type="checkbox"/> Demeaning/ Victim Jokes	<input type="checkbox"/> Intimidating/ Extorting/ Exploiting	
<input type="checkbox"/> Getting another person to hit or harm	<input type="checkbox"/> Making Rude and/or Threatening Gestures	<input type="checkbox"/> Spreading Harmful Rumors	
<input type="checkbox"/> Teasing/ Name-Calling/ Threatening	<input type="checkbox"/> Excluding or Rejecting the Student	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Sexual remarks	<input type="checkbox"/> Pressure for sexual activity	<input type="checkbox"/> Unwelcome touching	
Name of alleged offender(s):			
Date(s) incident occurred:		Where incident occurred:	
Describe the incident as clearly as possible (provide all details):			
List any witnesses who were present:			
Did a physical injury result from this incident? <input type="checkbox"/> No <input type="checkbox"/> Yes, Explain:			
Was the student victim absent from school as a result of the incident? <input type="checkbox"/> No <input type="checkbox"/> Yes, how many days:			
This complaint is based on my honest belief that _____ has harassed/ bullied me or another person. I certify that the information I have provided in this complaint is true, correct, and complete to the best of my knowledge. I understand the serious implications of filing a false report.			
Complainant's Signature:		Date:	
Received by (please print):		Date:	