

# MSD of North Posey County

Bullying as defined by IC 20-33-8-0.2 means overt, unwanted, repeated acts or gestures, including verbal or written communications or images transmitted in any manner (including digitally or electronically), physical acts committed, aggression, 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 targeted student and create for the targeted student an objectively hostile student environment

Today's Date: \_\_\_\_\_ School: \_\_\_\_\_

Person Reporting Incident (may report anonymously): \_\_\_\_\_

I am a: (place an X in the appropriate box)

Student    Parent/Caregiver    Teacher/Staff    Volunteer

Contact Information (please include best way to reach you, i.e., by phone, email, etc.)

## INCIDENT INFORMATION

Date Incident Occurred: \_\_\_\_\_

Name of target of the bullying incident (student being bullied): \_\_\_\_\_

Name of alleged offender: \_\_\_\_\_

Type of bullying (check all that apply):

Verbal    Physical    Social/Relational    Written or Electronic

Brief explanation of incident:

\_\_\_\_\_  
\_\_\_\_\_

Where did the bullying happen? \_\_\_\_\_

Did a physical injury result from this incident?

No    Yes, but it did not require medical attention    Yes, it did require medical attention

Medical Attention Required: \_\_\_\_\_

Was the target of the incident absent from school?    Yes    No

If yes, how many days was the student absent as a result from this incident? \_\_\_\_\_

Any other information you would like to provide to help in our investigation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Note: The school district is not authorized to disclose to a target, private educational or personnel data regarding an alleged perpetrator who is a student or employee of the school district. School officials will notify the parent(s) or guardian(s) of all students involved in a bullying incident and the remedial action taken, to the extent permitted by law, based on a confirmed report.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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