



PITTSBURG UNIFIED SCHOOL DISTRICT
Report of Suspected
Bullying/Harassment/Discrimination

Two-Sided Form
P. 1 of 2

Directions: Complete this form to report alleged bullying/harassment/discrimination. Please forward to the principal **immediately**. An investigation will be conducted to determine if bullying occurred and corrective actions needed.

Bullying/Harassment/Discrimination are defined as: physical, verbal, nonverbal or written conduct that is so severe and pervasive that it affects a student's ability to participate in or benefit from an education program or activity; creates an intimidating, threatening, hostile, or offensive educational environment; has the effect of substantially or unreasonably interfering with a student's academic performance; or otherwise adversely affects a student's educational opportunities.

Date of Alleged Incident(s):	School:
Name of Student Targeted:	Grade:
Name of Student Aggressor:	Grade:
Name of Student Aggressor:	Grade:
Name of Student Aggressor:	Grade:

What happened? (Choose all that apply)

<input type="checkbox"/> Direct physical aggression/fighting	<input type="checkbox"/> Excluding or rejecting the student
<input type="checkbox"/> Getting another person to hit or harm student	<input type="checkbox"/> Sexual name calling
<input type="checkbox"/> Teasing, name-calling, threatening	<input type="checkbox"/> Intimidating, exploiting or extorting
<input type="checkbox"/> Making rude or threatening gestures	<input type="checkbox"/> Spreading harmful rumors or gossip
<input type="checkbox"/> Using racial or religious slurs	<input type="checkbox"/> Other: _____

Where did the incident happen? (Choose all that apply)

<input type="checkbox"/> Classroom	<input type="checkbox"/> Restroom	<input type="checkbox"/> Off school property
<input type="checkbox"/> Hallway	<input type="checkbox"/> Playground/field	<input type="checkbox"/> Email/text/computer
<input type="checkbox"/> Lunch room	<input type="checkbox"/> Field trip/activity/event	<input type="checkbox"/> Other: _____

When did the incident happen?

<input type="checkbox"/> During class time	<input type="checkbox"/> Recess	<input type="checkbox"/> Lunchtime
<input type="checkbox"/> Passing period	<input type="checkbox"/> Before/afterschool	<input type="checkbox"/> Other: _____

Please describe the incident in more detail? (Please attach a sheet if more space is needed)

Person Reporting Alleged Incident (may not be the person completing this form)

Name:	Phone:	Title:
Person Completing Form		
Name:	Phone:	Title:
Signature:	Date Completed:	

