

Cleveland Central Catholic High School
6550 Baxter Avenue
Cleveland, OH 44105
DEAN'S OFFICE

SCHOOL BULLYING and HARASSMENT REPORTING FORM

This report will be held in strictest confidence and will not be made available to any outside persons or agencies.

Incident # _____
Report from: _____ Title/Position: _____
Date of incident: _____ Time of incident: _____
Location of incident: _____
Ethnic origin of victim: _____ Ethnic origin of perpetrator: _____
Male _____ Female _____ Male _____ Female _____

Indicate type of incident – please check mark

Verbal

Name-calling
Taunting
Mocking
Making offensive comments
Teasing
Other (please state)

Physical

Kicking
Hitting
Punching
Pushing
Pinching
Other (please state)

Emotional

Offensive graffiti
Excluding from group
Spreading rumors
Being forced to do something against own will
Taking possessions/money
Other (please state)

Cyber

Offensive text messages
Offensive emails/chat rooms/ IM
Sending degrading images
Social Network (Facebook, MySpace, Twitter, Blogs)
Sexual images
Other (please state)

If you feel the bullying incident was in any way motivated by any of the following, please indicate with a check mark.

Appearance _____ Disability _____ Home circumstances _____
Gender _____ Race/Ethnic origin _____ Medical condition _____
Religion _____ Sexuality _____ Other _____

Brief description of incident - Include the elements of Bullying (circle what applies)

1. Intent to harm 2. Imbalance of power 3. Reoccurring

Action taken

Was there a referral made? Yes / No

Did the incident lead to the perpetrator(s) being suspended? Yes / No

Have you had contact with the victim's parent/guardian? Yes / No

Have you had contact with the perpetrator's parent/guardian? Yes / No

Have you reported this incident to any other agencies? Yes / No

If "yes" – which agencies?

Signed _____ Title _____

Date _____