



# BULLYING/HARASSING BEHAVIOR REPORT

Columbus Municipal School District

## Bullying/Harassing Behavior Reporting Form

### Person Making the Report

Name: \_\_\_\_\_  
*Last First M.I. Today's Date*

School Name: \_\_\_\_\_  
*Grade or Position*

Name of Person Receiving Report: \_\_\_\_\_  
*Date Received*

### Contact Information

Name of Contact \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Other contact information: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address Apt #*  
\_\_\_\_\_  
*City State Zip Code*

### Complaint Information

Name of alleged person bullying or harassing you? \_\_\_\_\_

When? Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
More than one incident? Yes No

Where did the alleged bullying/harassing take place? \_\_\_\_\_

Name of the Security Resource Officer contacted (required): \_\_\_\_\_

Name of the Administrator who contacted the SRO (required): \_\_\_\_\_

Describe below the specific incident or incidents and any witnesses or other victims:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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- THIS SIDE TO BE COMPLETED BY THE INVESTIGATOR -

Other information that would assist the investigation o this incident:

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People interviewed in the investigation:

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Information from interviews:

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Information about Parent Notification:

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Administrative decision: Did bullying/harassing take place? Yes \_\_\_\_\_ No \_\_\_\_\_

Investigation concluded: Yes \_\_\_\_\_ No \_\_\_\_\_ Date Concluded: \_\_\_\_\_

*Administrative Signature*

*Complainant Signature*

*Date*