

Arlington Public Schools

REPORTING FORM FOR ALLEGATIONS OF BULLYING OR RETALIATION RELATED TO BULLYING

1. Name of Person Filing the Report: _____
(Note: Reports may be made anonymously (unless reporter is staff member or administrator), but no disciplinary action will be taken against an alleged aggressor solely on the basis of an anonymous complaint)

2. Check whether you are the: Target of the behavior Reporter (not the target)

3. Check whether you are a: Student Staff member (specify role) _____
Parent Administrator Other (specify) _____

Your contact information/telephone number: _____

4. Information about the Alleged Incident

Name of Alleged Target (of behavior): _____
Name of the Alleged Aggressor (Person who allegedly engaged in the behavior): _____
Date(s) of Incident(s): _____
Time When Incident(s) Occurred: _____
Location of Incident(s): _____
Please list names of people who saw the incident or have information about it:

Describe the details of the incident (including names of people involved, what occurred, and what each person did and said, including specific words used, if possible). Please use additional space on back if necessary.

5. Signature of Person Filing this Report: _____ Date: _____
(Note: Reports may be made anonymously unless reporter is staff member or administrator)

6. Signature of Person Receiving this Report: _____ Date: _____

7. **Initial Determination Regarding Potential Civil Rights Violation:** If there is evidence indicating that the reported incident is related to a race, color, religion, national origin, age, sex, gender identity, sexual orientation, disability, or other protected classification. The person receiving this report must arrange for the allegations to be processed under the district's harassment policy rather than bullying policy.