



# Bullying, Harassment or Intimidation Reporting Form

Deer Valley Unified School District  
20402 North 15th Avenue, Phoenix, AZ 85027

*This form is to be confidentially maintained in accordance with the Family Educational Rights and Privacy Act, 20 U.S.C. §1232g.*

**Directions:** Bullying, harassment or intimidation is not acceptable. Please complete this form to report alleged bullying, harassment, or intimidation and return it to the school administration office. Contact the school for additional information or assistance at any time.

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

Name of Person Reporting Incident: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Are you (Check one):  Student/ Victim  Student Witness/Bystander  School Staff Member  
 Parent/Guardian  Close Adult Relative  Other Adult

Name(s) of Student Victim(s): \_\_\_\_\_ Name(s) of Alleged Offender(s): \_\_\_\_\_ Name(s) of Witness(es)/Bystander(s): \_\_\_\_\_

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

1. On what date(s) did the incident(s) happen? \_\_\_\_\_

2. Where did the incident(s) happen? (Check all that apply):

Bus  Cafeteria  Classroom  Hallway  
 Playground  Restroom  School Activity/Event  To/From School  
 Other: \_\_\_\_\_

3. What best describes what happened? (Check all that apply):

Cyber Bullying  Hitting  Inappropriate Touching  Intimidation  
 Kicking  Name Calling  Profanity  Pushing  
 Rude/Threatening Gestures  Rumors/Gossip  Social Exclusion/Rejection  Teasing  
 Theft  Threatening  Other: \_\_\_\_\_

4. Was there an adult around at the time of the incident?  Yes  No If so, who? \_\_\_\_\_

5. Explain what you saw and heard:

◆ **FOR OFFICE USE ONLY** ◆

Complaint Investigated:  Yes  No Administrator Signature \_\_\_\_\_

Entered in Power School:  Yes  No Administrator Signature \_\_\_\_\_