

SECONDARY GRADES 6-12 STUDENT BULLYING, HARASSMENT & RETALIATION REPORT

Students may report anonymously. You may report conduct you experienced, witnessed, or learned about.

Report what happened, even if you are unsure what to call it. You do not need to decide whether conduct meets a policy or legal definition. If anyone is in immediate danger, contact a staff member or emergency services now.

1. REPORTER INFORMATION

Date submitted _____	Reporter name (optional) _____	Student ID (optional) _____	Grade: [] 6 [] 7 [] 8 [] 9 [] 10 [] 11 [] 12 _____
School _____	Phone/email (optional) _____	Best way/time to contact you _____	[] I am reporting anonymously _____

I am reporting as: [] Student targeted [] Witness/bystander [] Friend/peer [] Parent/guardian [] Staff [] Other: _____

2. PEOPLE INVOLVED

Student/person targeted (if not you) _____	Grade/role _____	Person(s) whose conduct is being reported _____	Grade/role _____
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3. TYPE OF CONDUCT - CHECK ALL THAT MAY APPLY

☐ Verbal or written conduct Insults, slurs, threats, humiliation, rumors, or repeated unwanted comments.	☐ Identity-based or hate-related conduct Conduct connected to an actual or perceived identity or characteristic.
☐ Physical conduct or property damage Hitting, pushing, blocking, spitting, taking or damaging belongings.	☐ Sexual harassment or sexualized conduct Unwanted sexual comments, conduct, messages, requests, images, or sharing of intimate content.
☐ Social or relational conduct Targeted exclusion, isolation, rumor-spreading, or encouraging others to reject or confront someone.	☐ Hazing or forced initiation
☐ Cyber or digital conduct Texts, DMs, posts, group chats, images, videos, impersonation, or repeated online targeting.	☐ Coercion, extortion, or pressure Demands for money, property, favors, access, silence, or participation.
☐ Threats, intimidation, stalking, or following	☐ Retaliation Targeting someone for reporting, cooperating, seeking help, or supporting another person. [] Other: _____

Important: Check any category that seems relevant. School staff will determine which policy, procedure, or response applies.

4. INCIDENT DETAILS

Date(s) _____	Approximate time(s) _____	How often? [] Once [] More than once [] Ongoing [] Unsure _____
Location(s): [] Classroom [] Hall [] Lunch [] Bus [] Activity [] Online [] Off campus connected to school _____	Is it still happening? [] Yes [] No [] Unsure _____	Immediate safety concern? [] Yes [] No [] Unsure _____

Describe what happened. Include exact words/actions, sequence, dates, locations, accounts/usernames, and what happened before and after.

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What do you believe led to or motivated the conduct, if known?

5. WITNESSES AND EVIDENCE

Witness name	Grade / role	What the witness may have seen, heard, or received
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Evidence available - check all that apply: ☐ Screenshots ☐ Texts/DMs ☐ Email ☐ Social-media post/link ☐ Photo ☐ Video/audio ☐ Written note ☐ Damaged property ☐ School record ☐ Other: _____

Where is the evidence stored, and how can school staff obtain it?

6. EFFECT ON THE STUDENT

☐ Fear for personal safety
☐ Avoiding a person/place
☐ Missed school or class

☐ Difficulty concentrating/learning
☐ Grades or participation affected
☐ Activity/team/club affected

☐ Emotional or health impact
☐ Property loss/damage
☐ Other: _____

7. SAFETY AND SUPPORT REQUESTED

☐ Immediate staff check-in ☐ Temporary separation/no contact ☐ Trusted adult/check-in plan ☐ Counseling/support ☐ Digital-safety help ☐ Parent/guardian contact ☐ Schedule/location support ☐ No support requested now ☐ Other: _____

What would help you feel safe and able to participate in school?

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8. PRIOR REPORTS AND ADDITIONAL INFORMATION

Was this reported before? [] No [] Yes [] Unsure	Reported to whom / when _____	What happened after the report, if known _____
Anything else school staff should know? _____ _____ _____		

9. REPORTER ACKNOWLEDGMENT

I have provided information that is accurate to the best of my knowledge. A signature is not required for an anonymous report. Information may be shared as needed to respond, investigate, protect safety, or comply with district procedures and law. Retaliation should be reported immediately.

Reporter signature (optional for anonymous report) _____	Date _____ _____	Preferred follow-up contact, if any _____
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10. SCHOOL INTAKE - STAFF USE

Date/time received _____	Received by _____	Method: [] In person [] Email [] Online [] Other _____
Immediate safety action taken _____	Assigned administrator/investigator _____	Case/reference no. _____
Parent/guardian contact _____	Support person/counselor contact _____	Referral to another district process, if needed _____
Administrator initial notes, routing decision, and next steps _____ _____ _____ _____ _____		

Staff note: This form is an intake tool, not a finding. Route the report to the administrator or process responsible for the issues described, take immediate safety action when needed, preserve available evidence, and document follow-up.