Dallastown Area School District

Bullying - Harassment Reporting

This form should be used to report a possible incident of bullying (as defined in the Dallastown Area
School District’s Policy #249) or harassment.

Any student can report bullying or harassment by talking to an administrator or completing this
form and returning it to a principal or principal designee. This form can be placed in the
school’s designated drop off spot for anonymous reporting.

PLEASE PRINT

Name of person being harassed/bullied (optional): _____________________________________________________

School: _______________________________________________________________________________________

Names(s) of student(s) accused of bullying and/or harassment: __________________________________________

Is this the first time you have been bullied or harassed?   YES____   NO ____

If NO, is the bullying by the same person(s) or a different person(s)? ________________________________

Were any of these incidents previously reported? NO ____ YES ____ To whom ______________________

Where did the incidents happen (choose all that apply)

☐ On school property ☐ At a school-sponsored activity or event off of school property ☐ On the computer
☐ On a school bus ☐ On the way to/from school ☐ At the bus stop ☐ Other_______

On what dates did the incidents happen? ____________________________________________________________

Choose the statement(s) that best describes what happened (choose all that apply)

☐ Teasing ☐ Threat ☐ Stalking ☐ Theft ☐ Cyberbullying
☐ Social exclusion ☐ Intimidation ☐ Physical violence ☐ Public humiliation ☐ Other________

What did the alleged offender(s) say or do? __________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

Were there any witnesses?  YES_____  NO_____

Name of witnesses’ _____________________________________________________________________________

Signature of student/employee completing this form ______________________________Date________

Thank you. This report will be followed up in a prompt manner. By completing this form, you are verifying that your
statements are true and exact to the best of your knowledge. If you fear a student is in IMMEDIATE danger, please
contact a trusted adult right away!

For Office Use Only

Date Received:

Received By: