



## Bullying, Harassment, or Intimidation Reporting Form

Frederick County Public Schools  
191 South East Street  
Frederick, Maryland 21701

Form # 400-48F2  
[Regulation 400-48](#)  
March 2023

Clear Form

### **Directions:**

The Bullying, Harassment or Intimidation Reporting Form should be used to report alleged incidents of bullying, harassment, or intimidation. If you are a student, the parent/guardian or caregiver of a student, a close adult relative of a student, a school staff member, or a bystander and wish to report an incident of alleged bullying, cyberbullying, harassment, or intimidation, please complete this form and return it to the school principal. You may contact the school for additional information or assistance at any time. (Bullying, cyberbullying, harassment, and intimidation definitions are provided below.)

### **Definitions:**

***Bullying:*** unwanted, demeaning behavior among students that involves a real or perceived power imbalance. The behavior is repeated, or is highly likely to be repeated, over time. To be considered bullying, the behavior must be intentional and include: 1) *an imbalance of power* (students who bully use their physical, emotional, social, or academic power to control, exclude, or harm others), and 2) *repetition* (bullying behaviors happen more than once or are highly likely to be repeated based on evidence gathered).

***Cyberbullying:*** bullying that takes place over digital devices like cell phones, computers, and tablets. Cyberbullying can occur through texting, apps, or online via social media, forums, or gaming where people can view, participate in, or share content. Cyberbullying includes sending, posting, or sharing negative, harmful, false, or hurtful content about another student. It can include sharing personal or private information about someone else causing embarrassment or humiliation.

***Harassment:*** includes actual or perceived negative actions that offend, ridicule, or demean another student with regard to race, which may also include acts of racism, ethnicity, national origin, immigration status, family/parental or marital status, sex, sexual orientation, gender identity, gender expression, religion, ancestry, physical attributes, socioeconomic status, physical or mental ability, or disability.

***Intimidation:*** any communication or action directed against another student that threatens or induces a sense of fear and/or inferiority. Retaliation may be considered a form of intimidation.

Today's date: \_\_\_\_\_ School: \_\_\_\_\_

Person reporting incident:  Student  Parent/guardian/caregiver of a student  Close adult relative of a student  
 School staff  Bystander

Name of person reporting incident: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

**1. Alleged Targeted Student**

Name	Age	Days absent as a result of the incident (if known)

**2. Alleged Respondent(s) (if known)**

Name	School (if known)	Age (if known)	Student (Y/N)	Days absent as a result of the incident (if known)

**3. Alleged Witness(es) (if known)**

Name	School (if known)	Age (if known)	Student (Y/N)

**4. On what date(s) did the incident(s) happen?**

\_\_\_\_\_  
(MM/DD/YY)

\_\_\_\_\_  
(MM/DD/YY)

\_\_\_\_\_  
(MM/DD/YY)

\_\_\_\_\_  
(MM/DD/YY)

\_\_\_\_\_  
(MM/DD/YY)

**5. What statement best describes what happened: (choose all that apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> Actions/comments related to the student’s race/ethnicity                    | <input type="checkbox"/> Actions/comments related to the student’s genetic information               |
| <input type="checkbox"/> Actions/comments related to the student’s national origin                   | <input type="checkbox"/> Demeaning behavior to impress others  |
| <input type="checkbox"/> Actions/comments related to the student’s religion                          | <input type="checkbox"/> Demeaning behavior to be mean   |
| <input type="checkbox"/> Actions/comments related to the student’s sex/sexual orientation            | <input type="checkbox"/> An act or threat of retaliation   |
| <input type="checkbox"/> Actions/comments related to the student’s immigration status                | <input type="checkbox"/> Gang related/gang recruitment   |
| <input type="checkbox"/> Actions/comments related to the student’s family/parental or marital status | <input type="checkbox"/> Human trafficking/prostitution recruitment                                  |
| <input type="checkbox"/> Actions/comments related to the student’s socio-economic status             | <input type="checkbox"/> Any bullying, harassment, or intimidation that involves physical aggression |
| <input type="checkbox"/> Actions/comments related to the student’s academic performance              | <input type="checkbox"/> Cyberbullying (social media, text messages, etc.)                           |
| <input type="checkbox"/> Actions/comments related to the student’s perceived sexual orientation      | <input type="checkbox"/> Demeaning or making the student the target of jokes                         |
| <input type="checkbox"/> Excluding or rejecting the student  | <input type="checkbox"/> Making rude and/or threatening gestures                                     |
| <input type="checkbox"/> Actions/comments related to the student’s gender expression                 | <input type="checkbox"/> Intimidating, extorting, exploiting the student                             |
| <input type="checkbox"/> Actions/comments related to the student’s gender identity                   | <input type="checkbox"/> Getting another person to target or demean the student                      |
| <input type="checkbox"/> Actions/comments related to the student’s disability                        | <input type="checkbox"/> Teasing, name-calling, making critical remarks                              |
| <input type="checkbox"/> Actions/comments related to the student’s physical appearance               | <input type="checkbox"/> Spreading hurtful rumors or gossip  |
| <input type="checkbox"/> Actions/comments related to the student’s health condition                  | <input type="checkbox"/> Racial/ethnic harassment  |
|  | <input type="checkbox"/> Sexual harassment   |
|  | <input type="checkbox"/> Racism  |
|  | <input type="checkbox"/> Other: (please specify)   |

**6. Where did incident(s) happen? (choose all that apply)**

- On school property (please specify Location) \_\_\_\_\_
- On the way to/from School
- On a school bus
- Off school property or at a school-sponsored activity or event
- Digital device on school property "Digital device off school property " During virtual learning
- Other (please specify): \_\_\_\_\_

\*Will be collected unless specifically excluded by Board of Education policy

**7. Describe the incident(s), including what the alleged respondent(s) said and/or did.**

**8.** Do you know of any reasons why the bullying, cyberbullying, harassment, and/or intimidation may have been directed at you?

**9.** Did a physical injury result from this incident?  Yes  No  
If Yes, did the student require medical attention?  Yes  No

**10.** If there was a physical injury, do you think there will be permanent effects?  Yes  No

**11.** Was the student target absent from school as a result of the incident?  Yes  No  
If Yes, how many days was the student target absent from school as a result of the incident? \_\_\_\_\_

**12.** Did a psychological injury result from this incident?  Yes  No  
 Yes, but psychological services have **NOT** been sought.  Yes, and psychological services have been sought.

**13.** Is there any additional information you would like to provide?

Signature: \_\_\_\_\_