THE SCHOOL DISTRICT OF PHILADELPHIA
BULLYING AND HARASSMENT REPORTING AND INVESTIGATION FORM

Definitions: Bullying, harassment, and intimidation are taken seriously by the School District and will not be tolerated. For complete definitions of what constitutes these behaviors, please see SRC Policies 248 and 249.

Directions: This form should be used to report acts of bullying harassment, and intimidation that occurred in the school, on school grounds, in school vehicles, at a designated bus stop, in transit to and from school or at any off-site activity sponsored, supervised or sanctioned by the school. If you are a student victim, the parent/guardian of a student victim, or a school staff or community member that witnessed an act of bullying, harassment, or intimidation and wish to report the incident, complete Sections I and II of this form and return it to the Principal at the student victim’s school. All investigations must begin at the school. Principals or their designee are required to: 1.) investigate all reports within two (2) school days after receipt of the form, 2.) complete Sections III and IV of the Reporting and Investigation Form, and 3.) submit the completed form to (215) 400-4223 (fax) or sdpbullyingprevention@philasd.org (email) within five (5) school days of the completion of the investigation.

SECTION I. GENERAL INFORMATION

Today’s Date: __________ / __________ / ________  School: ______________________

Name: __________________________  Telephone: _____________  Email: _________________________

Place an X in the appropriate box to describe your role

Student  ❑  Student - Witness  ❑  Parent/Guardian  ❑

School Staff  ❑  Other (specify): __________________________

Bullying, Harassment, or Intimidation based on (check all that apply)

Race  ❑  Ethnicity  ❑  National Origin  ❑

Gender/Sex  ❑  Color  ❑  Disability  ❑

Sexual Orientation  ❑  Disability  ❑  Other (specify): __________________________

Alleged Victim: (complete separate report for each victim)

Name: __________________________  Grade: ________  Age: ________  Race: ________  Sex: ________  School (if known): ______________________

Is he/she a student?  ❑ Yes  ❑ No

If identity of accused person(s) is unknown, explain: _________________________________________________________

Accused Person(s): (attach additional pages if necessary)

Complete separate report for each victim

Name: __________________________  Grade: ________  Age: ________  Race: ________  Sex: ________  School (if known): ______________________

Is he/she a student?  ❑ Yes  ❑ No

Name: __________________________  Grade: ________  Age: ________  Race: ________  Sex: ________  School (if known): ______________________

Is he/she a student?  ❑ Yes  ❑ No

Name: __________________________  Grade: ________  Age: ________  Race: ________  Sex: ________  School (if known): ______________________

Is he/she a student?  ❑ Yes  ❑ No

Parent/Guardian Contact Information for Alleged Victim: __________________________  __________________________  __________________________

Interpreter Services Needed: ❑ Yes  ❑ No  If yes, describe: __________________________
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SECTION II. DESCRIBE THE INCIDENT(S)

When did the incident(s) occur?

Date: ____________________________

Time: ____________________________

Location: ____________________________

Place an X next to the statement(s) that best describes what happened (choose all that apply):

- Any bullying, harassment, or intimidation that involves physical aggression
- Demeaning and making the victim of jokes
- Intimidating, extorting, or exploiting
- Spreading harmful rumors or gossip
- Getting another person to hit or harm the student
- Making rude and/or threatening gestures
- Electronic Communication (specify):
  ______________________________________________
- Teasing, name-calling, making critical remarks, or threatening, in person or by other means
- Excluding or rejecting the student
- Other (specify):
  ______________________________________________

Did a physical injury result from this incident?

No [ ]
Yes, but it did not require medical attention [ ]
Yes, and it required medical attention [ ]

Was the student victim absent from school as a result of the incident?

No [ ]
Yes [ ]
If yes, how many days was the student victim absent from school as a result of the incident?

______________

Did a psychological injury result from this incident?

No [ ]
Yes, but psychological services have not been sought [ ]
Yes, and psychological services have been sought [ ]

Witness Information:

(attach additional pages if necessary)

Name: ____________________________
Grade: ________ Race: ________ Sex: ________
Student [ ]
School Staff [ ]
Other (specify): ____________________________

Name: ____________________________
Grade: ________ Race: ________ Sex: ________
Student [ ]
School Staff [ ]
Other (specify): ____________________________

Name: ____________________________
Grade: ________ Race: ________ Sex: ________
Student [ ]
School Staff [ ]
Other (specify): ____________________________

Please describe the incident(s):

(attach additional pages if necessary)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
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SECTION III. INVESTIGATION OF REPORT (To be completed by the Principal or Principal’s Designee)

Name of person who conducted the investigation: __________________________
Title/Position: __________________________
Telephone: __________________________
Email: __________________________

Start of Investigation: ________ / ________ / ________
End of Investigation: ________ / ________ / ________

Describe investigation and evidence collected and considered, including witness statements:

(attach additional pages if necessary)

SECTION IV. FINDINGS AND ACTIONS TAKEN (To be completed by the Principal or Principal’s Designee)

After investigation of the incident, for the following reasons I conclude:

(attach additional pages if necessary)

Do you believe the accused person’s conduct was based on gender, age, race, color, sexual orientation (known or perceived), gender identity expression (known or perceived), national origin, religion, disability, English language proficiency, socioeconomic status and/or political beliefs?  □ Yes  □ No

Basis for this belief: (please note if there are multiple incidents involving the same students)

Actions taken (interventions) regarding alleged victim(s): (attach additional pages if necessary)

Actions taken (interventions and/or disciplinary action) regarding accused person(s): (attach additional pages if necessary)
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Date of Disciplinary Action (if applicable): ________ / ________ / ________
Month Day Year Actions taken (interventions and/or disciplinary action) regarding witness/bystander student(s): (attach additional pages if necessary)

Date of Disciplinary Action (if applicable): ________ / ________ / ________
Month Day Year If no disciplinary action was taken, please explain:

Was Intervention Plan(s) completed in Schoolnet?  Yes  No

Completed by: __________________________
Title/Position: __________________________

If necessary, was incident reported in SIMS?  Yes  No

Reported by: __________________________
Title/Position: __________________________

If necessary, was incident reported to PPD?  Yes  No

Reported by: __________________________
Title/Position: __________________________

If Yes, date of report: ________ / ________ / ________
Month Day Year

Report received by: __________________________
Title/Position: __________________________

Follow-up meeting with principal or principal’s designee:

☐ Yes  ☐ No  Date of meeting: ________ / ________ / ________
Month Day Year

Did alleged victim(s) or their parent(s) ask to meet with principal or principal’s designee?

☐ Yes  ☐ No  Date of meeting: ________ / ________ / ________
Month Day Year

List all those present at the meeting and state outcome of meeting and follow-up if any:

Report Preparer’s Signature: __________________________
Title/Position: __________________________

Date Report Completed: ________ / ________ / ________
Month Day Year

SECTION V. ADDENDUM TO INITIAL FINDINGS AND ACTIONS TAKEN

Completed By: __________________________
Title/Position: __________________________

Date Addendum Completed: ________ / ________ / ________
Month Day Year