



# INITIAL STUDENT BULLYING/HARASSMENT REPORT

Student Services & Strategic Planning: School Safety & Hearing Officer

This form will provide documentation for the school and Central Office Administration when incidents of bullying, harassment, intimidation or threats occur involving students. Please provide as much information as possible including and not limited to; pictures, text messages, written statements, etc. Once the form has been completed and you have done your preliminary investigation, please scan, copy and email (**immediately**) to rholloman@vcs.k12.nc.us.

Print name of **alleged** victim: \_\_\_\_\_

Grade: \_\_\_ Age: \_\_\_ Gender: \_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Print name of **alleged** bully: \_\_\_\_\_ Male: \_\_\_ Female: \_\_\_

Grade: \_\_\_ Age: \_\_\_ Gender: \_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_

Student accused of doing the following:  Physical Bullying  Verbal Bullying  Social Bullying  Cyber Bullying

- Aycock  Carver  Clarke  Dabney  LB Yancey  EO Young  New Hope  Pinkston St.  Zeb Vance
- Vance Middle  EM Rollins STEAM  STEM Early High School  Vance High  EC/VGCC  Advance Academy  Youth Empowerment  Evening Academy

Where did it happen?  Before School  During School  After School  School bus  
 Restroom  In Class  Cafeteria  Parking lot

When did it happen? Date: \_\_\_\_\_ Time: \_\_\_\_\_  am  pm

Describe what happened/what is happening:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have a witness and his/her name is: \_\_\_\_\_ Grade: \_\_\_ Gender: \_\_\_  
Witness Statement: \_\_\_\_\_  
\_\_\_\_\_

My witness is not present at this time but he/she is willing to give a statement during your investigation.

Were you or others physically hurt (please explain)? \_\_\_\_\_  
 Arm  Hair  Face  Hand  Clothes  Other

Signature: \_\_\_\_\_ Date: - \_\_\_\_\_