

**Voyageurs Expeditionary School**  
**Bullying and Harassment Incident Intake Form**  
NOTE: Please return completed form to Julie Johnson-Willborg, Director

Date: \_\_\_\_\_

Name of person writing this report: \_\_\_\_\_

Check whether you are the:  Target of the behavior  Reporter (not the target)

Check whether you are a:  Student  Staff member (specify role): \_\_\_\_\_  
 Parent  Administrator  Other (specify): \_\_\_\_\_

Name of student bullied/harassed (target): \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name(s) of bully/ies: \_\_\_\_\_  
\_\_\_\_\_

Description of incident(s) (answer who, what, where, when, how) (use back or another sheet if necessary):

Where did the incident happen? Check all that apply:

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Bus          | <input type="checkbox"/> Internet/Social Media              |
| <input type="checkbox"/> Cafeteria    | <input type="checkbox"/> Locker Room                        |
| <input type="checkbox"/> Classroom    | <input type="checkbox"/> Restroom                           |
| <input type="checkbox"/> Gym          | <input type="checkbox"/> School sponsored activity or event |
| <input type="checkbox"/> Hallway      | <input type="checkbox"/> To/from school                     |
| <input type="checkbox"/> Other: _____ |   |

Name(s) of witnesses (teachers, staff, other students): \_\_\_\_\_  
\_\_\_\_\_

Has this kind of incident happened to the target before?  Yes  No

If yes, how many times? \_\_\_\_\_ When? \_\_\_\_\_

Has this kind of incident happened to anyone else?  Yes  No

If yes, who? \_\_\_\_\_

Has this kind of incident happened involving bully/ies before?  Yes  No

*Continued on back*

Circle all behaviors that apply.

**PHYSICAL CONDUCT -- Harm to another's body or property**

- |                              |               |                                  |                        |
|------------------------------|---------------|----------------------------------|------------------------|
| -Threatening physical harm   | -Pinching     | -Tripping                        | -Assault with a weapon |
| -Making threatening gestures | -Scratching   | -Biting                          | -Extortion             |
| -Starting a fight            | -Hair pulling | -Hitting                         | -Sexual assault        |
| -Cornering or blocking       | -Spitting     | -Punching                        | -Arson                 |
| -Pushing                     | -Slapping     | -Destroying or defacing property | -Homicide              |
|                              | -Kicking      | -Theft                           |                        |

**EMOTIONAL CONDUCT -- Harm to another's self-worth**

- |                                |  |   |
|--------------------------------|--|---|
| -Threatening to secure silence | -Name Calling                                  | -Insulting/degrading graffiti   |
| -Challenging in public         | -Taunting                                      | -Harassing and/or frightening phone calls, emails, text or phone messages |
| -Insulting gestures            | -Racial, ethnic or religious slurs or epithets | -Unwanted sexually suggestive remarks, images or gestures                 |
| -Dirty looks                   | -Insulting remarks                             |   |
| -Insulting remarks             | -Defacing or falsifying schoolwork             |   |

**RELATIONAL CONDUCT -- Harm to another through damage (or threat of damage) to relationship or feelings of acceptance, friendship or group inclusion**

- |   |                                       |                                      |
|---|---------------------------------------|--------------------------------------|
| -Using negative body language or facial expressions | -Playing mean tricks                  | -Passively not including in group    |
| -Threatening to end a relationship                  | -Insulting publicly                   | -Exclusion                           |
| -Gossiping  | -Ruining a reputation                 | -Ostracizing / total group rejection |
| -Starting/spreading rumors                          | -Ignoring someone to punish or coerce | -Arranging public humiliation        |
|   | -Undermining other relationships      |                                      |

Describe any physical evidence that exists related to the incident (including physical marks, video/audio, printouts/screenshots of social media and other websites, emails, photos, text messages, etc.) Be advised that photos should be taken and printed off for all evidence contained on cellphones (i.e. text messages, photos, social media activity.): \_\_\_\_\_

**\*\*Where possible, please attach copies of all evidence information to this report. \*\***

This form is for reporting purposes only and not to be used to interview or interrogate an individual. Any and all information contained in this report is to remain confidential, and is not to be shared with any outside party. Anyone who wishes to make a report of bullying may use this form as an initial step in the process. Other methods of reporting include contacting a teacher, counselor, principal or other District employee.

A student who intentionally makes a false claim, offers false statements, or refuses to cooperate with a District investigation regarding bullying shall be subject to appropriate disciplinary action.

The District prohibits retaliation (i.e. threats, rumor spreading, ostracism, assault, destruction of property, etc.) by a student or District employee against any person who makes a report of bullying in good faith, serves as a witness, or participates in an investigation.

**Additional comments:**

\_\_\_\_\_  
Signature of person making the report \_\_\_\_\_  
Date

Form given to: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_