ARCHDIOCESE OF BALTIMORE
THE DEPARTMENT OF CATHOLIC SCHOOLS
320 CATHEDRAL STREET, BALTIMORE, MD 21201

HARASSMENT OR INTIMIDATION (BULLYING) REPORTING FORM

Policy Statement

Bullying, harassment, or intimidation of any student on school property or at school-sponsored functions or by the use of electronic technology is prohibited in all Archdiocese of Baltimore Schools. Such behaviors are contrary to school life in a Christ-centered community, which respects the dignity and uniqueness of all of God's children. To foster a school environment where all students are educated in a safe and caring atmosphere, all Archdiocesan schools will follow established procedures for prevention and intervention.

Bullying, harassment, intimidation, or retaliation against anyone who has reported these behaviors is prohibited. Students engaging in these behaviors on school property, at school-related activities, off school property or after school hours when the behavior threatens or is likely to substantially disrupt or adversely affect the school-related environment for students or significantly impacts the interest of students or the school community are subject to disciplinary and/or legal action.

Students, parents, employees, and service providers are responsible for reporting incidents of bullying, harassment, intimidation, or retaliation. School principals will ensure that all illegal behaviors are reported to the appropriate local authorities and the Superintendent of Catholic Schools immediately.

Definitions:

As used in this policy, "bullying, harassment, or intimidation" means intentional conduct, including verbal, physical, or written conduct or an intentional electronic communication that creates a hostile educational environment by substantially interfering with a student's educational benefits, opportunities, or performance, or with a student's physical or psychological well-being and is:

- motivated by an actual or a perceived personal characteristic including race, national origin, marital status, sex, sexual orientation, gender identity, religion, ancestry, physical attributes, socioeconomic status, familial status, or physical or mental ability or disability; or,
- threatening or seriously intimidating; and,
- occurs on school property, at a school activity or event, or on a school bus; or,
- substantially disrupts the orderly operation of a school.

Directions: Please complete this form and return it to the school principal

Today's date: /   /   School: _____
              Month   Day   Year

PERSON REPORTING INCIDENT   Name:

Telephone: E-mail:

Place an **X** in the appropriate box: ☐ Student   ☐ Parent/guardian   ☐ Close adult relative   ☐ School staff
☐ Witness/bystander

1. Name of student victim: Age: Grade:

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2. Name(s) of alleged offender(s) (If known):

Name	Age	School (if different)	Is he/she a student?
			☐Yes ☐No
			☐Yes ☐No
			☐Yes ☐No

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

      /   /   /   /   /   /

Month Day   Year   Month Day   Year   Month Day   Year

4. 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
☐ Hitting, kicking, shoving, spitting, hair pulling, or throwing something
☐ Getting another person to hit or harm the student
☐ Teasing, name-calling, making critical remarks, or threatening, in person or by other means
☐ Demeaning and making the victim of jokes
☐ Making rude and/or threatening gestures
☐ Excluding or rejecting the student
☐ Intimidating (bullying), extorting, or exploiting
☐ Spreading harmful rumors or gossip
☐ Electronic Communication (Specify)
☐ Other (specify)

5. Where did the incident happen (choose all that apply)?

☐ On school property
     Location (e.g. classroom, playground)
☐ At a school-sponsored activity or event off school property
☐ On a school bus
☐ On the way to/from school
☐ Online

6. What did the alleged offender(s) say or do?
7. Do you know why the harassment or intimidation (bullying) occurred?
8. Is there any additional information you would like to provide?

Name:

Signature: _____ Date:

Adult assisting: _____
                           Name   Signature