DEKALB COUNTY SCHOOL DISTRICT 2023-2024

Bullying /Harassment/ Hazing Report Form

This form is also available at https://www.dekalbschoolsga.org/student-support-intervention/student-relations/ PLEASE PRINT ALL INFORMATION LEGIBLY.

Today's Date/ School	Peachtree Middle School			
Do you want to remain anonymous? Yes No	o (If yes, do not write in name)			
Person Reporting Incident:				
Circle one: Victim/Target Concerned Student	Parent/Guardian Relative C	oncerned Person		
Telephone E	-mail			
1. Name of alleged target student	School	Grade	Race	Gender
2. Name(s) of alleged offender(s)	School	Grade	Race	Gender
3. Has this student been bullied, harassed, discrim	inated against, or hazed on previous oc	casions? Yes	No No	——— Don't Know
4. On what date(s) did the incident(s) happen? Cli	ck on AM or PM to choose. Choose the month	h and year from the	drop dow	vn menu.
/ / Time: AM/PM Mo. Day Year	_/ / Time: AM/F Mo. Day Year	PM Multip	le Dates	
5. Where did the incident(s) happen? (Choose all t	that apply.)			
☐ On school property (Please circle): Classroom ☐ At a school-sponsored activity or event off schoo ☐ On a school bus (Please circle): AM/PM ☐ On the way to/from school (Please circle): AM/F ☐ Online	l property	m Other		
6. Place an X next to the statement(s) that best des	cribes what happened (Choose all that o	apply.):		
□ Harassment (race/ethnicity, color, religion, nation □ Physical Violence (hitting, kicking, shoving, spitt □ Persuading another person to hit or harm the stud □ Verbal (teasing, name-calling, making critical rer □ Hazing □ Extortion □ Intimidating or making rude and/or threatening go □ Exclusion (excluding or rejecting the student) □ Spreading harmful rumors or gossip or Public Hu □ Cyberbullying/Cyberstalking (Circle one: During	ring, hair pulling, or throwing something ent narks, or threatening, in person or by oth estures miliation)	ntity, et	c.)
7. Motivation of the bullying/harassment/hazing. (_General _Race/Color _Religion _Gender _National Origin/Ethnicity _Other	Check one):Gender Identity/Sexual Orientation	Physical/Menta	al Disab	ility
Briefly describe the incident or attach a written sta	tement and any materials provided:			
This report has been submitted to (Circle): Princi	pal Principal's Designee Regional Su	perintendent (Nar	ne)	
// Date Submitted Sub	mitter's Name	ıhmitter's Signatu	re	