

**CHAFFEY JOINT UNION HIGH SCHOOL DISTRICT  
STUDENT REPORTING FORM**

**BULLYING / HARASSMENT / THREAT / INTIMIDATION / COERCION**

**Directions:** The attached form is to report bullying, harassment, threat, intimidation, and/or coercion that occurred on school property; at a sponsored activity or event off school property; on a school bus; or on the way to and/or from school; or related school event during the school year. If you are a student and wish to report an incident of alleged bullying, harassment, threat, intimidation, and/or coercion, complete the attached form and return it to the Assistant Principal of Discipline, another administrator, or your counselor.

**Bullying, harassment, threats, intimidation, and/or coercion means one or more acts by a pupil or a group of pupils directed against another pupil that constitutes sexual harassment, hate violence, or severe or pervasive intentional harassment, threats, intimidation or coercion that is disruptive, causes disorder, and/or invades the rights of others by creating an intimidating or hostile educational environment, substantially interferes with a student's educational opportunities, or performance, or with a student's physical or psychological well-being, and is motivated by an actual or a perceived personal characteristic such as race, national origin, marital status, sex, sexual orientation, gender identity, religion or disability, or is threatening or seriously intimidating. These acts are committed personally or by electronic means.**

**Note:** Electronic means the transmission of a communication, including, but not limited to, a message, text, sound, video, or image utilizing an electronic device, including but not limited to an electronic communication device such as a cellular telephone, computer; or any other device used to input, write, send, receive or read text, audio, images or video.

**CHAFFEY JOINT UNION HIGH SCHOOL DISTRICT  
STUDENT REPORTING FORM FOR BULLYING / HARASSMENT / THREAT / INTIMIDATION / COERCION**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_  
LAST FIRST MIDDLE  
 Permanent ID#: \_\_\_\_\_ Grade 9 10 11 12 Age: \_\_\_\_\_

Phone #(s): \_\_\_\_\_

School: ALHS CHS CCDS CoHS EHS DASP LOHS MHS OHS RCHS VVHS CDOHS

Name(s) of alleged offender(s) (If known):	Age (If known)	School (If known)	Are they a student?
_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know
_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know
_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know

On what date(s) did the incident happen? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Where did the incident happen? **Choose all that apply.**  
 On a school bus  On school property  Electronic means/Social Media (TYPE) \_\_\_\_\_  
 On the way to and/or from school  At a school-sponsored activity or event on or off school property

**Note:** If you are unable to provide all the information requested on this form, please leave the area blank and submit the report to the Assistant Principal of Discipline, another Administrator or a Counselor. If needed, you may request assistance from the Assistant Principal of Discipline or Counselor.

**Check the box next to the statement(s) that best describe what happened (check ALL that apply):**

<input type="checkbox"/> Inappropriate or unwanted touching	<input type="checkbox"/> Spreading harmful rumors or gossip
<input type="checkbox"/> Making rude and/or threatening gestures	<input type="checkbox"/> Getting another person to hit or harm the student
<input type="checkbox"/> Unwelcome letters, notes, jokes, or telephone calls	<input type="checkbox"/> Unwelcomed sexual advances or threats
<input type="checkbox"/> Hitting, kicking, shoving, spitting, hair pulling, or throwing something	<input type="checkbox"/> Slurs, epithets, threats, verbal abuse, derogatory comments or an act of racism
<input type="checkbox"/> Jokes, notes, stories, drawings, pictures, comments, or materials with sexual or racial content	<input type="checkbox"/> Teasing, name-calling, making threatening or critical remarks, in person or by other means

Other (specify): \_\_\_\_\_

**Did a physical injury result from this incident? (Check ONE box only)**  
 No  Yes, but it did NOT require medical attention  Yes, and it DID require medical attention

**Were you absent from school as a result of the incident?**  No  Yes If yes, how many days absent? \_\_\_\_\_

**What did the alleged offender(s) say, do or post?** \_\_\_\_\_

**Was there an incident prior to the bullying, harassment, threat, intimidation and/or coercion?** \_\_\_\_\_

**Were there others involved with the alleged bullying, harassment, threat, intimidation, and/or coercion?**  
 No  Yes If yes, who are they? Describe their involvement. \_\_\_\_\_

**List any witnesses to the alleged bullying, harassment, threat, intimidation, and/or coercion:** \_\_\_\_\_

**What was your reaction to the alleged bullying, harassment, threat, intimidation, and/or coercion?** \_\_\_\_\_

**Is there any additional information you would like to provide?** \_\_\_\_\_

*(Attach separate sheet if necessary)*

Date: \_\_\_\_\_ Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Received by: \_\_\_\_\_ Title: \_\_\_\_\_