

Fort Bend Independent School District
BULLYING/CYBERBULLYING/HARASSMENT
INCIDENT REPORTING FORM

FOR PARENTS, STUDENTS, TEACHERS

*Reminder: IF REPORT INVOLVES DATING VIOLENCE, STALKING, OR SEXUAL HARASSMENT, Contact the District Title IX Coordinator at TitleIX@fortbendisd.com

Campus: _____ Today's Date: _____

Alleged Targeted Student's Name: _____ Grade: _____ ID #: _____

Alleged Aggressor(s) Name: _____ Grade: _____ ID #: _____

Name: _____ Grade: _____ ID #: _____

Name: _____ Grade: _____ ID #: _____

First and Last Name(s) of Witness(es) to Incident: _____

Incident Date(s): _____ Incident Time(s): _____ Incident(s) Location: _____

Incident Date(s): _____ Incident Time(s): _____ Incident(s) Location: _____

Incident Description: *(if more space is needed or if a student or parent submits a written account, it must be signed, dated, and attached to this form):*

Was incident ever reported to anyone else? Yes or No

If yes, to whom, when, and what was done: _____

Was this a cyberbullying incident? Yes or No

If yes, to whom, when, and what was done: _____



**Please attach any supporting evidence such as screenshots, emails, text messages, etc.*

Other information, including prior incidents or threats:

I certify that the information on this form is true and accurate; I further authorize the District to disclose information contained in this complaint only to the extent necessary to conduct an investigation. A student who intentionally makes a false claim, offers false statements, or refuses to cooperate with a District investigation regarding bullying/cyberbullying, harassment, or intimidation shall be subject to disciplinary action.

**Notice of Parents and Students Rights provided?* Yes _____ No _____

Reporting Student's Signature: _____ Date: _____

Reporting Parent's Signature: _____ Date: _____

Reporting School Official's Signature: _____ Date: _____

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Additional comments or notes from receiving school official:

Receiving School Official's Signature: _____ Date: _____