

**Lower Moreland Township School District  
Harassment/Bullying Reporting Form**

*It is the policy of Lower Moreland Township School District to maintain a learning and working environment that is free from harassment/intimidation/bullying.*

**Please complete this form with as much information as possible.**

Date: \_\_\_\_\_ Report filed by: \_\_\_\_\_

Name(s) and grade(s) of alleged student involved in harassing/bullying:

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Name(s) and grade(s) of alleged student victim(s):

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Witnesses (adults and/or students) who might have observed the incident:

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List the events that have occurred. Attach an additional sheet if necessary.

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How long has this been happening? Please be specific. \_\_\_\_\_

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When and where is it happening? (Examples at home, in class, in the hallway, during lunch, in the locker room, between classes, in the bathroom, in the cafeteria). Please be specific.

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What did you do when it happened? Please list all of the ways that you responded.

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Whom have you reported this to ? (check all that apply):  Nobody  Parent/guardian(s)

Friend(s)  Counselor  Bus Driver  Administrator

Teacher – Name: \_\_\_\_\_  Other – Name: \_\_\_\_\_

What would you like for an adult to do to help you? (Example: listen to me, talk to the other student(s), watch out for similar behavior, tell an administrator)

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

Signature of Staff Member Receiving Form: \_\_\_\_\_

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**For Office Use Only**

**Administrative Follow Up:**

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