



NEIGHBORHOOD ASSOCIATES

1101 30th St NW • 4th Floor • Washington, DC 20007 • 202-333-8447 • www.neighborhoodassociates.org

BULLYING INCIDENT(S) REPORTING FORM

This report MUST be completed to file a complaint relating to an incident of alleged bullying or harassment and turned into Neighborhood Associate Corporation’s Bullying Prevention & Anti-Bullying Administrator, Dr. Alex Bain. This form may be submitted anonymously. To submit this completed form or for assistance in completing it, please call, email, or mail Dr. Bain:

- Office: (202) 333-8447
- Email: abain@neighborhoodassociates.org,
- Mail: 1101 30th St NW, 4th Floor, Washington, DC 20007

Please print clearly and attach an additional document if more space is required or requested.

Reporting Date:		Reporting Time:					
Reporter’s Name:		Phone, ext.					
Relationship to person Allegedly Bullied:		Program Director or Program Manager Name:					
Person Allegedly Bullied & Student Number		Program/Event Name	Gr.	Age	Sex	Race	Disability
Alleged Bully Name(s)		Program/Event Name	Gr.	Age	Sex	Race	Disability
Where did the incident(s) occur? Please be specific (Example: classroom, hallway, cafeteria, playground, bus, etc.).							
When did the incident(s) occur? Please List Dates.							
Please describe the actions, behaviors and/or words of the incident(s) in detail below. You may attach a write-up in addition to this form if needed. Please note that <i>these accounts are recorded as provided by the reporter and should not be interpreted as factual unless supported by the investigation.</i>							
Were there any witnesses? Yes No (Circle one) Please provide name(s) and contact information of witness(es).							
Please list and attach any evidence that documents or supports this allegation. (i.e., letters, texts, photos, etc.)							
Was incident(s) reported to Program Dir./Manager? Yes No (Circle one) When? Date(s). What actions were taken?							
Who have you spoken to at the Program, regarding the incident(s)?							

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Printed Name (Reporting Individual or person taking report)

Signature

Date



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For Office Use Only

ADMINISTRATOR
&
INVESTIGATOR
REPORT

Date Received by Administrator:

Incident #: _____

Incident Code: BUL HAR UBL UHR

Other Violation? No Yes Incident #: _____ Which Code? _____ Bullying Related?

Previous interventions in reference to this behavior(s)

Findings of Investigation:

Recommendations (e.g., counseling, safety plan):

Disciplinary action taken of this indecent report:

Investigator's Printed Name

Signature

Title

Date