

Fort Bend Independent School District  
BULLYING, CYBERBULLYING, OR HARASSMENT  
INCIDENT REPORTING FORM

**FOR PARENTS, STUDENTS, TEACHERS**

\*Reminder: If the report involves teen dating violence, stalking, sexual harassment, or sexual assault, contact the district Title IX Coordinator [TitleIX@fortbendisd.gov](mailto:TitleIX@fortbendisd.gov)

Campus: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Alleged Targeted Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ ID #: \_\_\_\_\_

Alleged Aggressor(s) Name: \_\_\_\_\_ Grade: \_\_\_\_\_ ID #: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ ID #: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ ID #: \_\_\_\_\_

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 ☐ No ☐

If yes, to whom, when, and what was done: \_\_\_\_\_

Was this a cyberbullying incident? Yes ☐ 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 Name: \_\_\_\_\_ Date: \_\_\_\_\_

Reporting Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_

Investigating School Officials Name: \_\_\_\_\_ Date: \_\_\_\_\_

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