



# School District 197 Bullying Report Form

*This is an optional form for anyone wishing to report a bullying incident. Please submit this form to the school office.*

School: \_\_\_\_\_

Name of person completing the report: \_\_\_\_\_

Contact Information: \_\_\_\_\_

	Gender (M or F)	Grade	Age
Target/Victim's Name (first and last name)			
Alleged Bully's Name (first and last name)			
Witness #1 Name (first and last name)			
Witness #2 Name (first and last name)			

Date of Incident: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Time of Incident: \_\_\_\_\_

**Where did the incident happen? (Choose all that apply.)**

- On school property
- At a school-sponsored activity off school property
- On a bus
- On the way to/from school
- On an electronically transmitted device (i.e., Internet, email, cell phone, or wireless device)
- Other \_\_\_\_\_

**Which statement best describes what happened. (Choose all that apply.)**

- Teasing; ridicule
- Intimidation
- Threats; taunting
- Physical violence
- Harassment
- Theft
- Public humiliation
- Spreading false rumors; gossip
- Theft
- Destruction of property
- Cyberbullying/cyberstalking
- Social exclusion
- Other \_\_\_\_\_

**Describe what happened: (Use the backside of this form if more space is needed.)**

**If witnesses are involved, describe their role in this incident: (Use the backside of this form if more space is needed.)**

**Thank you. This report will be investigated.**

For Office Use Only	
Date received:	Received by: