



Strasburg School District 31J

Policy:	File:
Bullying Report Form	JICDE-E-1
Adopted:	Revision:
January 2023	

Bullying Report Form

Instructions: Bullying is reportable in person or in writing to school staff. This form is to be completed by the bullying target, witness, or any person with information about an incident of bullying. Upon completion, this form should be turned in to an administrator, teacher, or any staff member with whom the complainant is comfortable. Reports may be made anonymously.

Date of report: _____

Name of person making the report (optional): _____

Check one: Student Parent/Guardian Staff

Other (please specify): _____

If a student, specify school and grade (optional): _____

Contact information of person reporting (optional):

Phone: _____ Email: _____

Check if you prefer to remain anonymous: Yes No

Are you the target of the alleged bullying? Yes No

Student(s) believed to be targets of alleged bullying (use reverse side if needed):

Name: _____ School: _____ Grade: _____

Name: _____ School: _____ Grade: _____

Name: _____ School: _____ Grade: _____

Person(s) believed to be engaged in alleged bullying conduct (use reverse side if needed):

Name: _____ Student Staff Other

Name: _____ Student Staff Other

Name: _____ Student Staff Other

Person(s) believed to have witnessed or have knowledge about the alleged bullying (use reverse side if needed):

Name: _____ [] Student [] Staff [] Other

Contact information:

Name: _____ [] Student [] Staff [] Other

Contact information:

Name: _____ [] Student [] Staff [] Other

Contact information:

Name: _____ [] Student [] Staff [] Other

Contact information:

Date(s), time(s), and locations(s) of the alleged bullying incident(s) (use reverse side and/or additional pages if needed): _____

Was there a real or perceived imbalance of power? [] Yes [] No

Details:

Description of the alleged bullying incident(s), including any incident-related evidence (use reverse side and/or additional pages if needed): _____

By completing and signing this form, I attest that the information provided, including any attached incident-related evidence, is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

_____ For Office
Use Only

Received By: _____ Date: _____

Position/Title: _____

Date submitted to designated administrator for investigation: _____

ISSUED: January 2023