

### Bullying Report Form

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): \_\_\_\_\_

If a parent/guardian or other, provide contact information: \_\_\_\_\_

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

Name: \_\_\_\_\_  Student  Staff  Other

Name: \_\_\_\_\_  Student  Staff  Other

Name: \_\_\_\_\_  Student  Staff  Other

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

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: \_\_\_\_\_

(February 17, 2021)