

Centreville Middle School

Bullying Report Form.

General Statement of Policy Prohibiting Bullying

Bullying is a serious issue and will not be tolerated. Use this form to report bullying that occurred on school property; at a school-sponsored activity or event off school property; on a school bus; on the way to and/or from school; on social media or through text message, during the current school year. If you are a student or a friend of student who is getting bullied and wish to report an incident of bullying, complete this form and return it to a teacher, counselor or the office.

Reporter Contact Information

Reports can be made anonymously.

(Please note: Discipline decisions cannot be made solely on anonymous reports.)

Name *(optional)*: _____ Date: _____

I am *(choose one)*:

Student _____ Parent/Guardian _____ Staff Member _____ Other _____

Phone Number *(optional)*: _____ Email address *(optional)*: _____

Incident Information

Student Who Was Harmed: _____ Grade: _____

Student(s) Who Did Harm: _____

Date and time of incident 1: _____

Date and time of incident 2: _____

Location: _____

Nature of Bullying Being Reported (check all that apply):

_____ **Physical**

Acts such as hitting, spitting, kicking, or damaging your or another student's possessions

_____ **Verbal**

Saying mean or hurtful things or threatening you or another student

_____ **Social**

Excluding you or a student from a group, telling peers not to talk to you or another student

_____ **Emotional**

Spreading mean rumors or lies about someone

_____ **Cyber/Online**

Occurs on website or social media, by cell phone, email or text message

_____ **Other:**

(Please describe)

Did the bullying include mean comments about you or other students?

_____ Physical Appearance

_____ Gender or Gender Expression

_____ Academic Performance

_____ Religious or Cultural Beliefs

_____ Race/Ethnicity or Perceived Race/Ethnicity

_____ Sexual Orientation or Perceived Sexual Orientation

How long has this been going on? _____

Please give any other details about the incident that you feel are important. Attach additional pages if necessary (Please include your name and date on each page).

Did you witness the event? _____ **Yes** _____ **No**

Name(s) of Witness (including adults, if any):

I am submitting this form based on my belief that _____ bullied me or another person. I am reporting this because I am concerned and I want the situation to be better in the future.

Signature: _____

Reviewed by: _____ Date: _____