STUDENT BULLYING REPORT FORM

Instructions:
Please complete **both** pages, responding only to the questions that you feel comfortable answering and are able to accurately answer. You may choose to include your name at the bottom of the form or may submit it anonymously.   Please note that the district's ability to investigate an anonymous complaint may be limited, and the District prohibits retaliation against anyone who files a bullying report.

Describe what happened/what is happening:

When did it happen?

☐ Before school
☐ During school
☐ After school
☐ Unsure

Date: _____

Time: _____
☐ am   ☐ pm

Where did it happen?

☐ In the school building (list specific room): _____

☐ On the school playground
☐ In the school parking lot
☐ On the school bus
☐ Online

☐ At a school event (list specific event): _____

☐ Other (please specify): _____

☐ Unsure

Who was committing the bullying (if you don't know the bully's name(s) describe him/her?

Who was the victim of the bullying (if you don't know his/her name, describe him/her)?

Did anyone else witness the bullying (if yes, please list)?	☐ Yes ☐ No ☐ Unsure	
Were you or others physically hurt (please explain)?	☐ Yes ☐ No ☐ Unsure	
Was there damage to anyone's personal property?	☐ Yes ☐ No ☐ Unsure	
Have you or the victim missed any school or made any changes to your daily routine as a result of the incident(s)?	☐ Yes ☐ No ☐ Unsure	

Have you told anyone about the bullying?	☐ Parent ☐ Babysitter ☐ Brother/sister ☐ Other family member: _____	☐ Teacher ☐ Other school staff: _____ ☐ Other: _____

Have you previously filed a bullying report (this information is used to determine if retaliation is occurring)?
☐ Yes
☐ No

Your name:	_____
Your grade and age:	_____

How can we contact you?	☐ Phone: _____ ☐ Email: _____ ☐ Other: _____

> **Remember to hit "save" before closing this form**. Please print the form and return it to any school staff member, the main office or place it in the bullying report drop box.