

Bullying Incident Report Form (Student)

Student's Name *(optional)*: _____

Date: _____

Details of the incident(s)

Name of student(s) the incident happened to: _____

Name(s) of student(s) alleged to have caused the incident(s): _____

Date of Incident: _____

Time of the Incident: _____

Location of the Incident: _____

If the incident is alleged to have occurred on District property, identify the facility or campus:

Name(s) of anyone else who knows about what happened:

Describe what happened: *(Attach additional pages if needed)*

Student's Signature *(optional)*: _____

Date: _____

Received by: _____

Date: _____

For District's Internal Use Only

Confirmation of parent notification regarding allegation

Note to administrator: Notice to the parent or guardian of the alleged victim is required within three business days of the reporting of the incident.

Notification provided to the parent or guardian of alleged victim:

Parent's or guardian's name: _____

Date of notification: _____

Method of notification: _____

Note to administrator: Notice to the parent or guardian of the student(s) alleged to have engaged in bullying is required within a reasonable time after the incident is reported.

Notification provided to the parent or guardian of student(s) who allegedly engaged in bullying:

Parent's or guardian's name: _____

Date of notification: _____

Method of notification: _____