

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)