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

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)