Cape Henlopen School District

Alleged/Suspected Bullying Incident Report Form

Date: _____ **Your Name:** _____

Email address *(if you are comfortable sharing)*: _____

What type of bullying has the student experienced *(Please select up to 8 choices)*?

- ☐ **Cyber Bullying**
- ☐ **Emotional (relational) Bullying**
- ☐ **Physical Bullying**
- ☐ **Sexual Bullying**
- ☐ **Verbal Bullying**
- ☐ **Social Bullying**
- ☐ **Prejudicial Bullying**
- ☐ **Other:** _____

What happened?

Date it happened? _____ **What time did it happen?** _____

What building did it happen? _____

Who else saw or heard it? _____

How did it make you feel?

Has this happened before? *(If yes, please answer the following questions)* ☐ **Yes** ☐ **No**

Date it happened? _____ ***Where did it happen?*** _____

Who else saw or heard it? _____

How did it make you feel? _____

Please submit the completed form to Dr. Luis Cosme by email at luis.cosme@cape.k12.de.us

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