



MERCYMOUNT COUNTRY DAY SCHOOL

Member Institution of the Mercy Education System of the Americas
Sponsored by the Sisters of Mercy of the Americas

REPORT FORM (Bullying and/or Cyberbullying)

Name: _____ Grade: _____

Date: _____ Time: _____ School: _____

Please answer the following questions about this reporting incident:

1. List the name of the alleged bully, and/or cyberbully. If name is not known, provide any other identifiable information:

2. Relationship between you and the alleged bully, and/or cyberbully:

3. Describe the incident:

4. When and where did it happen?

5. Were there any witnesses? ☐ yes ☐ no If yes, who?

6. Other information, including previous incidents or threats:

Student or parent declines to complete this form: Initial: _____ Date: _____

I certify that all statements made in the complaint are true and complete. Any intentional false statement of fact will subject me to appropriate discipline. I authorize school officials to disclose the information I provide only as necessary in pursuing the investigation.

Signatures:

Student: _____ Date: _____

School official receiving complaint: _____ Date: _____

School official conducting follow-up: _____ Date: _____

This document shall remain confidential.