

Bullying Report Form

Instructions

Complete the form below with as much information as possible. If you need assistance completing this form, contact the district's bullying coordinator (Superintendent/Asst. Superintendent/Executive Director of Durant Schools Return the completed form to (Superintendent/Asst. Superintendent/Executive Director of Durant Public Schools.

Anonymous reports will be investigated to the best of the district's ability, but full information allows the district to conduct a more thorough inquiry. No individual will be retaliated against for filing a good faith bullying report.

Individual Making the Report

Name: _____ Report Date: _____
 School: _____ Grade / Job Title: _____
 Contact Numbers: _____

Incident Information:

Date of Incident: _____ Time: _____
 Location of Incident: _____
 Describe Incident: *Use additional pages as necessary, and attach any relevant documents*

Other Witnesses: _____

The information in this report is true and correct to the best of my knowledge. I understand that the district will not tolerate retaliation for filing a good-faith report of bullying. I also understand that if I knowingly file a false report of bullying, I may face disciplinary consequences.

 Reporter's Signature

 Date