



Brooklyn Center Community Schools ISD #286 Bullying Report Form

General Statement of Policy Prohibiting Bullying: Bullying is a serious issue and will not be tolerated. Use this form to report bullying that occurred on school property; at a school-sponsored activity or event off school property; on a school bus; on the way to and/or from school; on social media or through text message, during the current school year. If you are a student or a friend of a student who is getting bullied and wish to report an incident of bullying, complete this form and return it to a teacher or the office.

Reporter Contact Information: Reports can be made anonymously. Please note: Discipline decisions cannot be made solely on anonymous reports.

Name (optional): _____ Date: _____

I am (circle one): Student Parent/Guardian Staff Member Other

Phone number (optional): _____ Email address (optional): _____

Incident Information

Student Who Was Harmed: _____ Grade: _____

Student(s) Who Did Harm: _____

Date & Time of incident: _____ Location: _____

Nature of Bullying Being Reported (check all that apply):

☐ Physical

Acts such as hitting, spitting, kicking, or damaging your or another student's possessions

☐ Verbal

Saying mean or hurtful things or threatening you or another student

☐ Social

Excluding a you or a student from a group, telling peers not to talk to you or another student

☐ Emotional

Spreading mean rumors or lies about someone

☐ Cyber/Online

Occurs on website or social media, by cell phone, email, or text message

☐ Other (Please describe)

Did the bullying include mean comments about you or other students?
(check all that apply)

☐ Physical Appearance ☐ Gender or Gender Expression ☐ Academic Performance

☐ Religious or Cultural Beliefs ☐ Race/Ethnicity or Perceived Race/Ethnicity

☐ Sexual Orientation or Perceived Sexual Orientation

Please give any other details about the incident that you feel are important. Attach additional pages if necessary (Please include your name and date on each page).

Did you witness the event? _____ Yes _____ No

Name(s) of Witness (including adults, if any):

I am submitting this form based on my belief that [enter name of the other student here] bullied me or another person. I am reporting this because I am concerned and I want the situation to be better in the future.

Signature: _____

Reviewed by: _____ *Date:* _____