

BULLYING REPORT FORM - ANONYMOUS

To be completed by witness, person who was bullied, or person with information regarding a bullying incident with request to have name withheld. All reasonable steps will be taken to keep the reporter's name and identifying information confidential and will only be released if required by law and/or mandatory report. This form should be submitted to

Date of Incident	Time of Incident	Are you the target of the bullying that you are reporting? <input type="checkbox"/> Yes <input type="checkbox"/> No
Person(s) being reported as victims of bullying <input type="checkbox"/> Student <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Staff		Person(s) being reported as engaging in bullying behaviors <input type="checkbox"/> Student <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Student <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Student <input type="checkbox"/> Staff <input type="checkbox"/> Other
Student(s) experienced bullying in the following place(s) <input type="checkbox"/> Classroom <input type="checkbox"/> Cafeteria <input type="checkbox"/> Bathroom <input type="checkbox"/> Hallway <input type="checkbox"/> Locker room <input type="checkbox"/> Bus <input type="checkbox"/> Bus Stop <input type="checkbox"/> Gym <input type="checkbox"/> Online <input type="checkbox"/> School or related activity or event <input type="checkbox"/> Extracurricular activity <input type="checkbox"/> Other:		Person(s) who witnessed the bullying <input type="checkbox"/> Student <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Student <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Student <input type="checkbox"/> Staff <input type="checkbox"/> Other

Student(s) were targeted for bullying in the following way(s) *Check all that apply*

- Electronic devices (e.g., internet, social media platforms, text, email, cyberbullying, etc.)
- Written communication (e.g., handwritten notes, other written documents, email, etc.)
- Physical act or conduct (e.g., pushing, hitting, destruction of property, stalking, etc.)
- Verbal act or conduct (e.g., rumors, lies, name-calling, using derogatory slurs, etc.)
- Social (e.g., purposeful exclusion, causing psychological harm, etc.)
- Items depicting implied hatred or prejudice were worn, possessed, or displayed
- Other:

Please tell us about the incident in your own words. Use as much detail as possible. Attach a written statement if more space is required.

The above information is true and accurate to the best of my knowledge.

Signature	Date
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FOLLOW UP

Report received (date):	Received by:	Investigation begins (date):
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Names of investigators (bullying prevention task force members)

Findings from investigation

Actions taken

Administration reviewer	Date reviewed by administration
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