

BULLYING REPORT FORM

To be completed by a witness, person who was bullied, or person with information regarding a bullying incident.

This form should be submitted to

Name of individual filling out form		Date of Report	<input type="checkbox"/> Student	<input type="checkbox"/> Parent
			<input type="checkbox"/> Staff	<input type="checkbox"/> Other
Would you prefer to remain anonymous <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you the target of the bullying that you are reporting? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date of Incident	Time of Incident			
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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