Bullying Report Form

Date of report: ___________________

Name of person making the report (optional): _____________________________________

Check one: [ ] Student [ ] Parent/Guardian [ ] Staff

[ ] Other (please specify): _____________________________________________

If a student, specify school and grade (optional): ________________________

If a parent/guardian or other, provide contact information: _________________

Check if you prefer to remain anonymous: [ ] Yes [ ] No

Are you the target of the alleged bullying? [ ] Yes [ ] No

Student(s) believed to be targets of alleged bullying (use reverse side if needed):
Name: _______________________________ School: __________ Grade: ____
Name: _______________________________ School: __________ Grade: ____
Name: _______________________________ School: __________ Grade: ____

Person(s) believed to be engaged in alleged bullying conduct (use reverse side if needed):
Name: ____________________________________ [ ] Student [ ] Staff [ ] Other
Name: ____________________________________ [ ] Student [ ] Staff [ ] Other
Name: ____________________________________ [ ] Student [ ] Staff [ ] Other

Person(s) believed to have witnessed or have knowledge about the alleged bullying (use reverse side if needed):
Name: ____________________________________ [ ] Student [ ] Staff [ ] Other
Name: ____________________________________ [ ] Student [ ] Staff [ ] Other
Name: ____________________________________ [ ] Student [ ] Staff [ ] Other
Name: ____________________________________ [ ] Student [ ] Staff [ ] Other

Date(s), time(s), and locations(s) of the alleged bullying incident(s) (use reverse side and/or additional pages if needed):
Description of the alleged bullying incident(s), including any incident-related evidence (use reverse side and/or additional pages if needed):

By completing and signing this form, I attest that the information provided, including any attached incident-related evidence, is true and accurate to the best of my knowledge.

Signature: ______________________________________ Date: ____________

For Office Use Only

Received By: ______________________________________ Date: ____________
Position/Title: ________________________________________________
Date submitted to designated administrator for investigation: ________________

(February 17, 2021)