

STUDENT BULLYING REPORT FORM



Instructions:

Please complete the form. You must include your name (which will be confidential) at the bottom of the form. Please note that the community's ability to investigate an anonymous complaint may be limited, and the community prohibits retaliation against anyone who files a bullying report.

Type of Bullying:

Verbal Physical Relational

Describe what happened/what is happening:

When did it happen?

Before school During school
 After school Unsure

Date of Incident

Time of Incident

Where did it happen?

In the school building (list room) On the school playground
 In the school parking lot On the school bus
 Online At a school event (list event)
 Other location: (please specify) Unsure

List Event/
List Room

Who was committing the bullying (if you don't know the bully's name(s) describe him/her?)

Who was the target of the bullying (if you don't know the bully's name(s) describe him/her?)

Did anyone else witness the bullying (if yes, please list)?

Yes No Unsure

If yes, please list

Were you or others physically hurt (please explain)?

Yes No Unsure

Please explain

Was there damage to anyone's personal property?

Yes No Insure

Please explain

Have you or the target missed school or made changes to your daily routine as a result of the incident(s)?

Yes No Unsure

Have you told anyone about the bullying?

Teacher Other school staff Parent
 Brother/Sister Other family member Other

Have you previously reported a bullying (this information is used to determined if retaliation is occurring)?

Yes No

Your Name (This will be kept confidential)

Your grade and age:

How can we contact you?

Phone
 E-mail

E-mail

Phone

mdavis@sunflower.k12.ms.us