

Bullying Reporting Form

Date of incident: _____ Time of incident: _____

Name of person completing this form (optional and confidential): _____

You may choose to include your name (which will be confidential). Or, you may choose to be anonymous, however please know it will be more difficult to investigate if you choose to be anonymous.

Describe what happened/what is happening (Please be as detailed as possible, including how you responded):

Where did it happen (circle all that apply):

Hallway Restroom Classroom Gym Cafeteria Recess Locker Room Bus Stop On Bus
After School Program School Sponsored Event Text/Phone/Internet/Social Media Other: _____

Name of target/victim(s):

Name of student(s) bullying:

Name(s) of witnesses/bystander:

Have you told anyone about the bullying (circle all that apply):

Parent School Staff: _____ Other: _____

Have you previously filed a bullying report regarding this bullying incident (circle one): Yes No Unsure

***Bullying* is when someone keeps hurting, frightening, threatening, or leaving someone out on purpose. It is unwelcomed and unwanted, and may cause harm.**