

STUDENT BULLYING REPORT FORM



INSTRUCTIONS:

Please complete both pages, responding only to the questions that you feel comfortable answering and are able to accurately answer. You may choose to include your name or submit this form anonymously. Please note that the school's ability to investigate an anonymous complaint may be limited, and the school prohibits retaliation against anyone who files a bullying report.

Describe what happened/what is happening:

When did it happen?

- Before school
 During school
 After school
 Unsure

Date:

Time:

am pm

Where did it happen?

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

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

Who was the victim of the bullying (if you don't know his/her name, describe him/her?)

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

- Yes
 No
 Unsure

Were you or others physically hurt (please explain)?

- Yes
 No
 Unsure

Was there damage to anyone's personal property?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
Have you or the victim missed any school or made any changes to your daily routine as a result of the incident(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
Have you told anyone about the bullying?	<input type="checkbox"/> Parent <input type="checkbox"/> Babysitter <input type="checkbox"/> Brother/sister <input type="checkbox"/> Other family member:	<input type="checkbox"/> Teacher <input type="checkbox"/> Other school staff: <input type="checkbox"/> Other:
Have you previously filed a bullying report (this information is used to determine if retaliation is occurring)?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Your name:		
Your grade and age:		
How can we contact you?	<input type="checkbox"/> Phone:	
	<input type="checkbox"/> Email:	
	<input type="checkbox"/> Other:	

Remember to hit "save" before closing this form. Please print the form and return it to any school staff member, the main office or place it in the bullying report drop box.