

STUDENT BULLYING REPORT FORM

Instructions: Please complete **both** pages, responding to all the questions as accurately as possible. If you are unsure of the answer to any question, please indicate so. School policy allows for the district to take disciplinary action against school staff who have knowledge/reasonable suspicion of a violation of the bullying policy and fail to report it.

Describe what happened/what is happening:

When did it happen?
Date: _____ Time: _____ A.M./P.M.
 ___ Before school ___ After school
 ___ During school ___ Unsure

Where did it happen?
 ___ School building (list specific room): _____
 ___ School playground
 ___ School parking lot
 ___ On the bus
 ___ Online
 ___ At a school event (list specific event): _____
 ___ Other (please specify): _____
 ___ Unsure

Who was committing the bullying (if you're unsure of the bully's name(s) describe him/her)?

Did anyone else witness the bullying (if yes, please list)? Yes No Unsure

Where you or others physically hurt (please explain)? Yes No Unsure

Was there damage to anyone's personal property? Yes No Unsure

Have you or the victim missed any school or made any changes to your daily routines as a result of the incident(s)? Yes No Unsure

Have you told anyone about the bullying?
 Parent Teacher Babysitter Sibling Other _____
 Other school staff: _____
 Other family member: _____

Have you previously filed a bullying report (this information is used to determine if retaliation is occurring)? Yes No

Your name: _____
Your grade and age: _____
Phone: _____ Email: _____