



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 at the bottom of the form or may submit it anonymously. Please note that the district's ability investigate an anonymous complaint may be limited, and the District prohibits retaliation against anyone who files a bullying report.

Describe what happened/what is happening:

[Text area for describing the incident]

When did it happen?

- Before school
- During school
- After school
- Unsure

Date: [Text area]

Time: [Text area]

am pm

Where did it happen?

- In the school building (list specific room): [Text area]
- On the school playground
- In the school parking lot
- On the school bus
- Online

At a school event (list specific event): [Text area]

Other (please specify): [Text area]

Unsure

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

[Text area for describing the perpetrator]

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

[Text area for describing the victim]

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

- Yes
- No
- Unsure

[Text area for listing witnesses]

Were you or others physically hurt (please explain)?

- Yes
- No
- Unsure

[Text area for explaining physical harm]

