



# 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 to 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:

When did it happen?

- Before school
- During school
- After school
- Unsure

Date:

Time:

am  pm

Where did it happen?

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

At a school event (list specific event):

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)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
Were you or others physically hurt (please explain)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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:	<input type="text"/>	
Your grade and age:	<input type="text"/>	
How can we contact you?	<input type="checkbox"/> Phone: <input type="checkbox"/> Email: <input type="checkbox"/> Other:	<input type="text"/> <input type="text"/> <input type="text"/>

**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.