

## 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?

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

- 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?

Who was the victim of the bullying (if you're unsure of his/her name, describe him/her)?

Did anyone else witness the bullying?

- Yes  
 No  
 Unsure

Were you or others physically hurt (please explain)?

- Yes  
 No  
 Unsure

Was there damage to anyone's personal property?

- Yes, describe
- No
- Unsure

Have you or the victim missed any school or made any changes to your daily routine as a result of the incident(s)?

- Yes, explain
- No
- Unsure

Have you told anyone about the bullying?

- Parent
  - Babysitter
  - Brother/sister
  - Other family members:
- Teacher
  - Other school staff:
  - Others:

Have you previously filed a bullying report (this information is used to determine if relationship is occurring)?

- Yes
- No

Your name:

Your grade and age:

How can we contact you?

Phone:

Email:

Other: