

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: _____