

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.

_	an anonymous complaint may be lim o files a bullying report.	ited, and the District prohibits retaliation agai
Describe wh	nat happened/what is happening:	
When did it	happen?	
TTTOTT GIG K	Before School	Date:
	During School	Time:
	After School	
	Unsure	
Where did in	t happen? In the school building (list specific	room):
	On the school playground	At a school event (list specific event):
	In the school parking lot	
	On the school bus	Other (please specify):
	Online	Unsure
Who was co	ommitting the bullying (if you don't kr	now the bully's name(s) describe him/her?
Who was th	ne victim of the bullying (if you don't k	now his/her name, describe him/her)?
Did anyone	else witness the bullying? (if yes, ple	ease list)
	No	
	Unsure	

Were you or	others physically hurt? (please ex	xplain)
	No	
	Unsure	
Was there d	amage to anyone's personal prope	erty?
	No	
	Unsure	
Have you or incident(s)?	the victim missed any school or m	nade any changes to your daily routine as a result of the
	Yes	
	No	
	Unsure	
Have you to	ld anyone about the bullying? Parent	Teacher
	Babysitter	Other school staff:
	Brother/sister	Other:
	Other family member:	
Have you pr occurring?	eviously filed a bullying report (this	s information is used to determine if retaliation is
_	Yes	
	No	
Your name:		
Your grade a	and age:	
How can we	contact you?	
	Phone	
	Email	
	Other	

Remember to hit "save" before closing this form. Please print the form and return it to any school staff member or the main office.