File: JICK-E1

MSAD 11 Bullying and Cyberbullying Reporting Form

Bullying or suspected bullying is reportable in person or in writing (including anonymously) to school personnel.

Upon completion of this form, or when providing a verbal report, submit to designated school personnel or administrative office.

| Date the alleged incident of bullying is being | g reported: |
|--|--|
| | of bullying (this is optional as reports can be made f, coaches and advisors): |
| Person(s) completing this form (if different reporting): | than person listed above and not anonymously |
| Person reporting is: □student □parent □ school staff □coach □advisor | □grandparent □guardian □other |
| Contact information of person reporting (op | ptional): |
| Home phone: | Cell Phone: |
| Work phone: | Email: |
| Home address: | |
| Details | |
| Name of student(s) who is believed to have | been bullied: |
| Name of the student(s) or adult(s) who is al | leged to have bullied: |
| Relationship between alleged target and the | e individual accused of bullying: |
| Date(s): | |
| Time(s) of day: | |
| Location(s) of incident(s): | |
| Were there any witnesses? \Box Yes \Box No | |

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| May the school personnel conducting an investigation | contact these witnesses? □Yes □No |
|---|---|
| If so, please provide names of witnesses to be contacted | d during the investigation: |
| | |
| Please provide a description of incident(s) and include | any supporting documentation: |
| | |
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| | |
| | |
| | |
| (use additional pages, if needed) | |
| I agree that the information on this form is accurate arbelief. | nd true to the best of my knowledge and |
| | Date: |
| Signature of complainant/reporter (optional) | Date |
| organical of complainant, reporter (optional) | |
| ************* | ************************************** |
| Received by: | Date: |
| Position/title: | |
| Copy to school principal on: | |
| Date | |
| Copy to superintendent on: | <u> </u> |

Revised: November 3, 2022