## Pingree-Buchanan Public School District #10

High School -> 111 Lincoln Avenue / Pingree, North Dakota 58476 / Telephone: (701) 252-5563 / Fax (701) 952-2245 Elementary School -> 208 3<sup>rd</sup> Avenue / Buchanan, North Dakota 58420 / Telephone: (701) 252-4653 / Fax: (701) 252-4660

## **Bullying Report Form**

Name of Person Filling Out Report:		
• • • • • • • • • • • • • • • • • • • •	ously, but no disciplinary action will be taken against the alleged aggressor. D, all fields must be answered honestly.	
Check whether you are the:	Target of the Behavior  Reporter (observed, witnessed, or heard)	
Check whether you are a:  Your Contact Information / telephone	Student Staff Member Parent Administrator Other:  number (optional):	
Nature of Bullying: (check all that apply)	Physical (persistent pushing/shoving, making threats, defacing property, stealing, etc.)  Emotional (persistent name calling, teasing, insulting, harassing phone calls, etc.)  Social (persistent gossiping, teasing about looks, excluding from groups, arranging public	
	humiliation, etc.)  Cyber (persistent texting/messaging threats, posting defamatory Web sites, e-mailing derogatory photos, stalking, etc.)	
Name of Student or Group of Students <u>Targeted</u> by Bullying Behavior:		
Person or Persons who are doing the Bullying:		
Date(s) of Incident(s):		
Time When Incident(s) Occurred:		
Location of Incident(s):		
Physical Evidence: (check all that apply)	Graffiti Websites Notes Video/Audio Tape E-mail Other:	
Name of Witness:  person who saw the incident(s) or has information about the incident)		
Witness:	Staff Member Student	

Describe the details of the Incid  Include names of people involved, what occurr	rred, and what each person did and/or said, including specific words used and/or stated.
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	For Office Use Only
Date Received:	
Administrator Name Receiving (print):	
Administrator Signature Receiving:	