

The Marshall County School District

Anonymous Bullying Report Form

If you have information regarding bullying and would like to report this information anonymously, please fill out this form to the best of your knowledge. Please note this form is completely anonymous.

(For the purpose of this form, bullying encompasses bullying, harassment and discrimination.)

Victim Name	Sex	Grade
Accused Name	Sex	Grade
Accused Name	Sex	Grade
School	Home School/Department of Victim	
Principal/Administrator	Incident Date	

Where did the incident occur?

When did the incident occur? Date_____ Time_____

Describe the incident in as much detail as possible:

List as much information as you know about any witnesses, including name and grade:

List evidence of the bullying (i.e. letters, photos, etc – attach evidence if possible):

Thank you. This report will be followed up on within 2 school days. If you fear a student is in IMMEDIATE danger, please contact their parent, home school or the police immediately.

For Office Use

Date Received	
Received By	

List evidence of the bullying (i.e. letters, photos, etc. – attach evidence if possible.)

Print Name of Person Making Report

Date

Name of Person Receiving the Bullying Complaint Form

Date

____ I have received a copy of this complaint form.

Name of person making the Report.

____ I mailed a copy of the complaint to the complainant on _____ and

Name of Person Receiving the form

Thank you. This report will be followed up on within 2 school days.
If you fear a student is in IMMEDIATE danger, please contact the police immediately.

For School Use

Be sure to attach any supporting documentation/evidence/investigation

Action	___Agreed to informal resolution (student to student)	___Formal Resolution	___Appeals-referral to area Superintendent and/or School Board
Date			
Outcome			
Signatures			