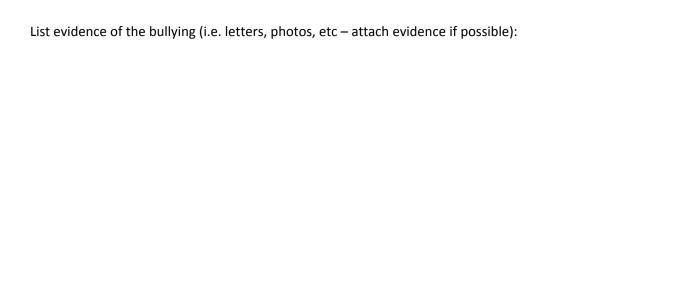
The Marshall County School District

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 not 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:				
2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3				
List as much information as you know about any witnesses, including name and grade:				



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 complaina	nt onand
Name o	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	Formal Resolution	Appeals-referral to
	resolution (student to		area Superintendent
	student)		and/or School Board
Date			
Outcome			
- Cuttomic			
Signatures			
Jigilatules			