

### Bullying Report Form

*Instructions: Bullying is reportable in person or in writing to school staff. This form is to be completed by the bullying target, witness, or any person with information about an incident of bullying. Upon completion, this form should be turned in to an administrator, teacher, or any staff member with whom the complainant is comfortable. Reports may be made anonymously.*

Date of report: \_\_\_\_\_

Name of person making the report (optional): \_\_\_\_\_

Check one:         Student         Parent/Guardian         Staff  
 Other (please specify): \_\_\_\_\_

If a student, specify school and grade (optional): \_\_\_\_\_

Contact information of person reporting (optional):

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Check if you prefer to remain anonymous:  Yes  No

Are you the target of the alleged bullying?  Yes  No

Student(s) believed to be targets of alleged bullying (use reverse side if needed):

Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Person(s) believed to be engaged in alleged bullying conduct (use reverse side if needed):

Name: \_\_\_\_\_  Student  Staff  Other  
Name: \_\_\_\_\_  Student  Staff  Other  
Name: \_\_\_\_\_  Student  Staff  Other

Person(s) believed to have witnessed or have knowledge about the alleged bullying (use reverse side if needed):

Name: \_\_\_\_\_ [ ] Student [ ] Staff [ ] Other  
Contact information: \_\_\_\_\_

Name: \_\_\_\_\_ [ ] Student [ ] Staff [ ] Other  
Contact information: \_\_\_\_\_

Name: \_\_\_\_\_ [ ] Student [ ] Staff [ ] Other  
Contact information: \_\_\_\_\_

Name: \_\_\_\_\_ [ ] Student [ ] Staff [ ] Other  
Contact information: \_\_\_\_\_

Date(s), time(s), and locations(s) of the alleged bullying incident(s) (use reverse side and/or additional pages if needed): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was there a real or perceived imbalance of power? [ ] Yes [ ] No

Details:

\_\_\_\_\_  
\_\_\_\_\_

Description of the alleged bullying incident(s), including any incident-related evidence (use reverse side and/or additional pages if needed): \_\_\_\_\_

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By completing and signing this form, I attest that the information provided, including any attached incident-related evidence, is true and accurate to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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For Office Use Only

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Date submitted to designated administrator for investigation: \_\_\_\_\_

May 10, 2022

Akron School District R-1, Akron, Colorado