



# NEW TOWN PUBLIC SCHOOLS DISTRICT #1

## STUDENT BULLYING REPORT

P.O Box 700  
NEW TOWN, ND 58763



### Instructions

Please complete both sides of this report as accurately as possible. You may include your name at the end of the report. Please let it be noted that the District's ability to investigate an anonymous report may be limited. The District prohibits retaliation against any individual who files a report.

Please provide a brief state of what occurred/happened:

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When did it happen? ☐ Before School ☐ During School ☐ After School ☐ Other \_\_\_\_\_

What day and time did it occur/happen? Date \_\_\_\_\_ Time \_\_\_\_\_

Where did the bullying take place? If at school identify which building. \_\_\_\_\_

☐ Playground ☐ School Parking Lot ☐ Bus ☐ Online ☐ Other \_\_\_\_\_

Who was committing and involved in the bullying? (if unsure of name please describe the individual or individuals) \_\_\_\_\_

Who was the target of the bullying? (if you are unsure of the name please describe the individual or individuals) \_\_\_\_\_

Did anyone else witness the situation? ☐ Yes ☐ No ☐ Unsure If so list the names.  
Name(s) \_\_\_\_\_

Were you or anyone else hurt? ☐ Yes ☐ No ☐ Unsure  
If anyone was please explain \_\_\_\_\_

Did anyone have damage done to their personal property? ☐ Yes ☐ No ☐ Unsure  
If there was damage done please describe it. \_\_\_\_\_

As a result of the situation, have either you or the victim missed school or have had to make any changes to your daily routines? If yes, please describe the changes. ☐ Yes ☐ No ☐ Not Sure

Have you informed anyone else about the bullying? If so, please list the names of the individual(s).

☐ Parent ☐ Babysitter ☐ Brother/Sister ☐ Teacher ☐ Other School Staff Member  
☐ Other Family Member ☐ Other

Name of person you informed the bullying about: \_\_\_\_\_

Have you previously filed a bullying report with the school? (This information is used to determine if retaliation is occurring)

☐ Yes ☐ No

Your Name: \_\_\_\_\_

Your Grade: \_\_\_\_\_ Your Age: \_\_\_\_\_

How may we contact you? ☐ Phone \_\_\_\_\_ ☐ Email \_\_\_\_\_

☐ Other \_\_\_\_\_

Please print the form and return it to any school staff member, main office or place it in the bullying report drop box.

All bullying forms will be submitted to the New Town Public School District's Superintendent's office.

Office Use:

Date complaint was received: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date complaint was given to principal to investigate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date of completed investigation/report: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Report outcome sent to parents: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Notes: