BULLYING REPORT FORM

Name of complainant/reporter (by law, reports may be anonymous): _____

Status of reporter: Student Parent School employee/coach/advisor Other _____

Contact information for reporter (if reporter is student, contact information for parent/guardian): Phone: _____ Cell phone: _____ Email: _____
Address: _____

Name of alleged target(s): _____

Name of alleged bully(ies): _____

Relationship between alleged target/bully(ies): _____

Time(s) and location(s) of alleged incident(s): _____

Names of witnesses: _____

Description of incident(s) (attached additional pages if more space is needed):
_____
_____
_____
_____
_____
_____
_____
_____

I agree that the information on this form is accurate and true to the best of my knowledge and belief.

_____ Date: _____
Signature of complainant/reporter

Received by: _____ Date: _____
Position/title: _____

Copy to building principal: Date: _____ Copy to Superintendent: Date: _____

EASTON SCHOOL DEPARTMENT