

LITCHFIELD COMMUNITY UNIT SCHOOL DIST. NO. 12  
601 S. STATE STREET  
LITCHFIELD, IL 62056  
TEL. 217-324-2157

**BULLYING AND SCHOOL VIOLENCE REPORT FORM**

To be completed by the bullying target, witness, or person with information about an incident of bullying or school violence and submitted to the Building Principal's office. All reports will be left confidential.

Please print and check appropriate boxes.

Name of person filing report: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_ Student      \_\_\_\_ Parent      \_\_\_\_ Staff      \_\_\_\_ Other

Are you the target of the bullying or school violence that you are reporting? \_\_\_\_ Yes \_\_\_\_ No

Date of incident: \_\_\_\_\_ Time of incident: \_\_\_\_\_

Person(s) being reported as targets of bullying or school violence:

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

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

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

Person(s) being reported as aggressors engaged in bullying or school violence:

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

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

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

Person(s) who witnessed the bullying or school violence:

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

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

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

Do you believe the incident was based on any of the following characteristics? (Check all that apply.)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Race                      | <input type="checkbox"/> Color                      | <input type="checkbox"/> Nationality         |
| <input type="checkbox"/> Sex                       | <input type="checkbox"/> Sexual orientation         | <input type="checkbox"/> Gender identity     |
| <input type="checkbox"/> Gender - related identity | <input type="checkbox"/> Gender-related expression  | <input type="checkbox"/> Ancestry            |
| <input type="checkbox"/> Age                       | <input type="checkbox"/> Religion                   | <input type="checkbox"/> Physical disability |
| <input type="checkbox"/> Mental disability         | <input type="checkbox"/> Order of protection status | <input type="checkbox"/> Homeless status     |
| <input type="checkbox"/> Marital Status            | <input type="checkbox"/> Parental status            | <input type="checkbox"/> Pregnancy           |

Associated with a person or group with one or more of the above actual or perceived characteristics? \_\_\_\_\_

Other \_\_\_\_\_

I don't know. \_\_\_\_\_

Student(s) were targeted for bullying in the following way(s): (Check all that apply.)

- Electronic devices (e.g., internet, social medial platforms, text, email, cyberbullying, etc.)
- Written communication (e.g., handwritten notes, other written documents, email, etc.)
- Physical act or conduct (e.g., pushing, hitting, destruction of property, stalking, etc.)
- Verbal act or conduct (e.g., rumors, lies, name-calling, using derogatory slurs, etc.)
- Social (e.g., purposeful exclusion, causing psychological harm, etc.)
- Items depicting implied hatred or prejudice were worn, possessed or displayed
- Other (please explain): \_\_\_\_\_

Student(s) were targeted for bullying in the following place(s): (Check all that apply.)

- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Locker-room                         |
| <input type="checkbox"/> Hallway   | <input type="checkbox"/> Extra - curricular activity         |
| <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Bus                                 |
| <input type="checkbox"/> Restroom  | <input type="checkbox"/> Bus Stop                            |
| <input type="checkbox"/> Gym       | <input type="checkbox"/> School or related activity or event |

Other: \_\_\_\_\_

Please tell us about the incident in your own words. Use as much detail as possible – what time did the incident(s) take place, who witnessed it, what was said, what types of interactions occurred (physical, written, social, electronic, etc.)

The above information is true and accurate to the best of my knowledge.

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