

Date of Notification _____

STRAWN INDEPENDENT SCHOOL DISTRICT

Parent/Student Bullying Report



Alleged Victim _____

Alleged Perpetrator _____

Parent of Alleged Victim _____

Parent Contact Info _____

School: _____

Incident Date & Time: _____

Incident Location: _____

Was Social Media used? If so, which one? _____

Incident Description (Use the back of the form or attach an additional page to provide more information, if needed):

Multiple horizontal lines for writing the incident description.

Name(s) of witness(es): _____

Contact campus administration immediately with your concerns