

**STUDENT BULLYING REPORT FORM**

**Instructions:**

Please complete **both** pages, responding only to the questions that you feel comfortable answering and are able to accurately answer. You may choose to include your name at the bottom of the form or may submit it anonymously. Please note that the district’s ability investigate an anonymous complaint may be limited, and the District prohibits retaliation against anyone who files a bullying report.

BULLYING

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Describe what happened/what is happening: | | | | |
| When did it happen? | Before school  During school  After school  Unsure | | Date:  Time:  am  pm | |
| Where did it happen? | In the school building (list specific room):  On the school playground  In the school parking lot  On the school bus  Online | | | At a school event (list specific event):  Other (please specify):  Unsure |
| Who was committing the bullying (if you don’t know the bully’s name(s) describe him/her? | | | | |
| Who was the victim of the bullying (if you don’t know his/her name, describe him/her)? | | | | |
| Did anyone else witness the bullying (if yes, please list)? | Yes  No  Unsure |  | | |
| Were you or others physically hurt (please explain)? | Yes  No  Unsure |  | | |
| Was there damage to anyone’s personal property? | Yes  No  Unsure |  | | |
| Have you or the victim missed any school or made any changes to your daily routine as a result of the incident(s)? | Yes  No  Unsure |  | | |
| Have you told anyone about the bullying? | Parent  Babysitter  Brother/sister  Other family member: | | | Teacher  Other school staff:  Other: |
| Have you previously filed a bullying report (this information is used to determine if retaliation is occurring)?  Yes  No | | | | |
| Your name: |  | | | |
| Your grade and age: |  | | | |
| How can we contact you? | Phone:  Email:  Other: | | | |