

# 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.

Describe what happened/what is happening:			
When did it happen?	<input type="checkbox"/> Before school <input type="checkbox"/> During school <input type="checkbox"/> After school <input type="checkbox"/> Unsure	Date:	<input style="width: 90%;" type="text"/>  Time: <input style="width: 90%;" type="text"/> <input type="checkbox"/> am <input type="checkbox"/> pm
Where did it happen?	<input type="checkbox"/> School building (list specific room): <input style="width: 100%;" type="text"/> <input type="checkbox"/> On the school playground <input type="checkbox"/> In the school parking lot <input type="checkbox"/> On the school bus <input type="checkbox"/> Online	<input type="checkbox"/> At a school event (list specific event): <input style="width: 100%;" type="text"/> <input type="checkbox"/> Other (please specify): <input style="width: 100%;" type="text"/> <input type="checkbox"/> 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		
Were you or others physically hurt (please explain)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		

Was there damage to anyone's personal property?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
Have you or the victim missed any school or made any changes to your daily routine as a result of the incident(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
Have you told anyone about the bullying?	<input type="checkbox"/> Parent <input type="checkbox"/> Babysitter <input type="checkbox"/> Brother/sister <input type="checkbox"/> Other family member:	<input type="checkbox"/> Teacher <input type="checkbox"/> Other school staff: <input type="checkbox"/> Other:
Have you previously filed a bullying report (this information is used to determine if retaliation is occurring)?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Your name:		
Your grade and age:		
How can we contact you?	<input type="checkbox"/> Phone:	
	<input type="checkbox"/> Email:	
	<input type="checkbox"/> Other:	

**Remember to hit "save" before closing this form.** Please print the form and return it to any school staff member in the main office