



STUDENT BULLYING REPORT FORM

Instructions

Please complete both pages, answering only the questions you feel comfortable with and can answer accurately. You may include your name or submit anonymously. Please note that anonymous reports may limit the school's ability to investigate. Glenburn Public School prohibits retaliation against anyone who files a report.



Incident Information

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?

School building (room): _____

Playground

Parking lot

- School bus
 - Online
 - School event: _____
 - Other: _____
 - Unsure
-

Who was committing the bullying?

(If unknown, describe the individual)

Who was the victim?

(If unknown, describe the individual)

Were there witnesses?

- Yes No Unsure

If yes, who:

Were you or others physically hurt?

- Yes No Unsure

If yes, explain:

Was there damage to personal property?

- Yes No Unsure

Explain:

Has this caused missed school or changes in routine?

- Yes No Unsure

Explain:

Have you told anyone?

- Parent Sibling Babysitter
 Other family member: _____
 Teacher Other school staff: _____
 Other: _____

Have you previously filed a report?

- Yes No

 **Optional Contact Information**

Name: _____
Grade / Age: _____
Phone: _____
Email: _____
Other: _____

Submission Instructions

Return this form to any Glenburn Public School staff member or the main office.