

Report Form for Bullying

To be completed by the bullying target, witness, or person with information about an incident of bullying and submitted to the Building Principal's office. Make readily accessible via website(s) and other publicized designated areas in schools.

Please print and check appropriate boxes.

Name: _____ Date: _____

Student Parent/Guardian Staff Other _____

Indicate here if you prefer to remain anonymous: Yes No

Are you the target of the bullying that you are reporting: Yes No

Date of incident: _____ Time of Incident: _____

Person(s) being reported as targets of bullying:

Name: _____ Student Staff

Name: _____ Student Staff

Name: _____ Student Staff

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

Name: _____ Student Staff Other

Name: _____ Student Staff Other

Name: _____ Student Staff Other

Person(s) who witnessed the bullying:

Name: _____ Student Staff Other

Name: _____ Student Staff Other

Name: _____ Student Staff Other

Was the incident based on any of these actual or perceived characteristics? (Check all that apply).

- | | | |
|---|---|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> Color | <input type="checkbox"/> National origin |
| <input type="checkbox"/> Sex | <input type="checkbox"/> Sexual orientation | <input type="checkbox"/> Gender-related identity |
| <input type="checkbox"/> Pregnancy | <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"/> Parenting status | <input type="checkbox"/> Physical appearance |
| <input type="checkbox"/> Socioeconomic status | <input type="checkbox"/> Academic status | <input type="checkbox"/> Military status |
| <input type="checkbox"/> Associated with person/group with one or more of the above actual or perceived characteristics | | |
| <input type="checkbox"/> Other _____ | | |

I do not know.

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

- Electronic devices (e.g., Internet, social media 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.)

- Classroom
- Locker room
- Hallway
- Extracurricular activity
- Cafeteria
- Bus
- Restroom
- Bus stop
- Gym
- 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: _____