

Bullying Report Form

Superintendent's Office

This form is 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, or completed by a building administrator in conjunction with the parent or student witness based on verbal, written or ***Student Helpline*** report.

Name: _____ Date: _____

☐ Student ☐ Parent ☐ Staff ☐ Other _____

Indicate here if you would 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 ☐ Other

Name: _____ ☐ Student ☐ Staff ☐ Other

Name: _____ ☐ Student ☐ Staff ☐ Other

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 characteristics? (Check all that apply.)

- | | | |
|--|---|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> Color | <input type="checkbox"/> Nationality |
| <input type="checkbox"/> Sex | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Gender 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"/> Parental Status | |
| <input type="checkbox"/> Associated with person/group with one or more of the above actual or perceived characteristics. | | |
| <input type="checkbox"/> Other _____ | | |
| <input type="checkbox"/> 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 type(s) of interactions occurred (physical, written, social, electronic, etc.)

☐ The above information is true and accurate to the best of my knowledge.

Signature: _____ Date: _____