



Bullying Reporting Form

Please complete this form to report bullying.

Describe what happened/what is happening? (Please be as detailed as possible)

When did the incident happen?

- Before School
- During School
- After School
- Unsure
- Other _____

Date: _____

Time: _____

Where did it happen?

- In the school building
- Online
- On the bus
- At a school event
- Unsure
- Other: _____

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? Yes No Unsure

If yes, please describe:

Were you or others physically hurt? Yes No Unsure

If so, please explain:

Was there damage to anyone's personal property? Yes No Unsure

If so, please explain:

Have you or the victim missed any school or made any changes to your daily routine as a result of the incident?

Yes No Unsure

Please describe:

Have you previously filed a bullying report? Yes No

Describe (this information is used to determine if retaliation is occurring):

(Optional) Full Name:

Grade: _____

(Optional) Phone/(Optional) Email: _____

**** Feel free to attach any documentation related to the incident ****