

Bullying Report Form
(Please fill out and give to an administrator)

Person completing form: _____

What date did the bullying occur? : _____

Who was the target/victim of the bullying incident? Please give first and last name.

Where did the incident happen?

Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> On school property | <input type="checkbox"/> On a computer/cellphone/other electronic device |
| <input type="checkbox"/> At a school-sponsored activity | <input type="checkbox"/> Other: |
| <input type="checkbox"/> At a bus stop | |
| <input type="checkbox"/> On a school bus | |
| <input type="checkbox"/> On the way to/from school | |

Put a check next to the statement(s) that best describe(s) what happened

- | | |
|--|---|
| <input type="checkbox"/> teasing | <input type="checkbox"/> theft |
| <input type="checkbox"/> threat | <input type="checkbox"/> sexual harassment |
| <input type="checkbox"/> physical violence | <input type="checkbox"/> cyber bullying |
| <input type="checkbox"/> name calling | <input type="checkbox"/> stalking |
| <input type="checkbox"/> social exclusion | <input type="checkbox"/> public humiliation |
| <input type="checkbox"/> intimidation | |

What did the alleged aggressor/offender(s) say or do?

Did physical injury result from the incident? ___ Yes ___ No

Did the injury require medical attention? ___ Yes ___ No
(If yes, please explain below)

Was the target/victim absent from school as a result of this incident? ___ Yes ___ No

Please indicate how you know about this incident:
