Report Form for Bullying and School Violence

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

Name ___________________________________________________________ Date ____________________________

_____ Student     _____ Parent     _____ Staff     _____ Other ___________________________________________

Indicate here if you prefer to remain anonymous. Yes _____     No ______

Are you the target of the bullying or school violence that you are reporting?  Yes _____    No _____

Date of incident __________________________________  Time of incident ________________________________

Person(s) being reported as targets of bullying or school violence:

Name _________________________________________________________ Student _____     Staff _____

Name _________________________________________________________ Student _____     Staff _____

Name _________________________________________________________ Student _____     Staff _____

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

Name ______________________________________________________  Student _____     Staff _____    Other ______

Name ______________________________________________________  Student _____     Staff _____    Other ______

Name ______________________________________________________   Student _____     Staff _____   Other ______

Person(s) who witnessed the bullying or school violence:

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)

___ Race ___ Color ___ Nationality
___ Sex ___ Sexual Orientation ___ Gender identity
___ Gender-related identity ___ Gender-related expression ___ Ancestry
___ Age ___ Religion ___ Physical disability
___ Mental disability ___ Order of protection status ___ Homeless status
___ Marital status ___ Parental status ___ Pregnancy
___ Associated with person/group with one or more of the above actual or perceived characteristics
   ___ Other ____________________________________________________________________________________
___ I don’t 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 communications (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 ________________