



Reporting person (optional): _____

Targeted student: _____

Your email address (optional): _____

Your phone number (optional): _____

Name of school adult you've already contacted (if any): _____

Name(s) of bullies (if known): _____

On what date(s) did the incident(s) happen (if known): _____

Where did the incident(s) happen? Circle all that apply

Classroom	Hallway	Restroom	Playground	Lunchroom
Locker Room	Sports Field	Parking Lot	Cell phone	Internet
On the way to/from school	During School Activity	School Bus	Off School Property	School Common Area
Other (Please describe):				

Please check the box that best describes what the bully did. Please choose all that apply.

- Hitting, kicking, shoving, spitting, hair pulling or throwing something at the student
- Getting another person to hit or harm the student
- Teasing, name calling, making critical remarks or threatening in person, by phone, by email, etc
- Putting the student down and making the student a target of jokes
- Making rude and/or threatening gestures
- Excluding or rejecting the student
- Making the student fearful, demanding money or exploiting
- Spreading harmful rumors or gossip
- Cyber bullying (bullying by calling, texting, emailing, web posting, etc.) If the incident involves social media or an internet site(s), will you allow access to the site where the cyberbullying occurred to aid in the investigation?
Yes _____ No _____
- Other: **If you select other, please describe:**

Why do you think the harassment, intimidation or bullying occurred?

Were there any witnesses? Yes _____ No _____ If yes, please provide their names:

Did a physical injury result from this incident? If yes, please describe.

Was the target absent from school as a result of the incident? Yes _____ No _____

Is there any additional information?

Thank you for reporting

-----FOR OFFICE USE -----

Received by: _____

Date received: _____

Action taken: _____

Parent / guardian contacted: _____

Circle one: RESOLVED UNRESOLVED

Referred to: _____