

## Student Bullying Report Form

Incident No

Please complete this form, responding only to the questions you feel comfortable with and are able to accurately answer. You may choose to include your name at the bottom of the form or may submit it anonymously

**Please submit this Bullying Report Form to the Principal or to the Office**

Describe what happened or is happening?				
When did it happen?				
<input type="radio"/> Before School		<input type="radio"/> During School		<input type="radio"/> After School
<input type="radio"/> <input type="radio"/> Unsure		Date	Time	<input type="checkbox"/> am <input type="checkbox"/> pm
Where did it happen?				
<input type="radio"/> In a school building	List Specific Room			
<input type="radio"/> At a school event	List Specific Event			
<input type="radio"/> Other	Please specify			
<input type="radio"/> In the playground	<input type="radio"/> On the school bus	<input type="radio"/> Online	<input type="radio"/> Unsure	
Who was committing the bullying? If you don't know his or her name, please describe him or her.				
Who was the victim of the bullying? If you don't know his or her name, please describe him or her.				
Did anyone else witness the bullying. If yes, please list their names.				
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure		Name of witness		Name of witness
Were you or others physically hurt [please explain]?				
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure				

Was there damage to anyone's personal property? If so, please describe.	
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure	

Have you told anyone about the bullying?		
<input type="radio"/> Parent	<input type="radio"/> Teacher	<input type="radio"/> Other School Staff
<input type="radio"/> Brother/sister	<input type="radio"/> Before School	<input type="radio"/> Before School
<input type="radio"/> Other family member	<input type="radio"/> Baby sitter	<input type="radio"/> Other
Name of persons you reported to:	1	2

Have you previously filed a bullying report [information used to determine if retaliation is occurring]?	<input type="radio"/> Yes <input type="radio"/> No
--	--

Your details		
<b>Name of Person Reporting</b>	<b>Telephone</b>	<b>Email</b>

Teachers Report			
Signature		Date	

Principals Action			
Signature		Date	