

Student Bullying Report Form

Instructions:

Please complete **both** pages. You may choose to include your name at the bottom of the form or may submit it anonymously. Please note that the district's ability investigate an anonymous complaint may be limited, and the **District prohibits retaliation against anyone who files a bullying report.**

Describe what happened/what is happening:	
When did it happen?	<input type="checkbox"/> Before school
	<input type="checkbox"/> During school
	<input type="checkbox"/> After school
	<input type="checkbox"/> Unsure
Date: _____	
Time: _____	
<input type="checkbox"/> am <input type="checkbox"/> pm	
Where did it happen?	
<input type="checkbox"/> In the school building(list specific room): _____	<input type="checkbox"/> At a school event (list specific event): _____
<input type="checkbox"/> On the school playground	_____
<input type="checkbox"/> In the school parking lot	<input type="checkbox"/> Other(please specify): _____
<input type="checkbox"/> On the school bus	_____
<input type="checkbox"/> Online	<input type="checkbox"/> Unsure
Who was committing the bullying (if you don't know the person'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 (if yes, please list)?	
<input type="checkbox"/> Yes	
<input type="checkbox"/> No	
<input type="checkbox"/> Unsure	
Were you or others physically hurt (please explain)?	
<input type="checkbox"/> Yes	
<input type="checkbox"/> No	
<input type="checkbox"/> Unsure	

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<p>Was there damage to anyone's personal property?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		
<p>Have you or the victim missed any school or made any changes to your daily routine as a result of the incident(s)?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		
<p>Have you told anyone about the bullying?</p>	<input type="checkbox"/> Parent <input type="checkbox"/> Babysitter <input type="checkbox"/> Brother/sister <input type="checkbox"/> Other family member: <input type="text"/>	<input type="checkbox"/> Teacher <input type="checkbox"/> Other school staff: <input type="text"/> <input type="checkbox"/> Other <input type="text"/>
<p>Have you previously filed a bullying report?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<p>Your name:</p> <input type="text"/>		
<p>Grade:</p> <input type="text"/>	<p>Age: <input type="text"/></p>	
<p>How can we contact you?</p> <input type="checkbox"/> Phone: <input type="checkbox"/> Email: <input type="checkbox"/> Other:	<input type="text"/> <input type="text"/> <input type="text"/>	

Please fill out the form. Save and email the form to blair.hall@region16.net. You may also print this form and return it to Mr. Hall or Mrs. Brown.