Reporting person (optional): ______________________________________________________________________

Targeted student: ____________________________________________________________________________

Your email address (optional): __________________________________________________________________

Your phone number (optional): __________________________ Today’s date: ____________________________

Name of school adult you’ve already contacted (if any): __________________________________________________________________________________________

Name(s) of aggressor(s) (if known): _____________________________________________________________________________________________________________

On what dates did the incident(s) happen (if known): _______________________________________________________________________________________

Where did the incident happen? Check all that apply:

- [ ] Classroom  - [ ] Hallway  - [ ] Restroom  - [ ] Playground  - [ ] Locker room  - [ ] Lunchroom/Cafeteria  - [ ] Sport field  
- [ ] Gym  - [ ] Parking Lot  - [ ] School bus  - [ ] Online/Internet  - [ ] Cell phone  - [ ] During a school activity  
- [ ] Off school property  - [ ] On the way to/from school  - [ ] Other (please describe) ________________________________

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

- [ ] Blocked movement  - [ ] Gestures (Explain)  - [ ] Racial slur(s)
- [ ] Damage to my property  - [ ] Gossip  - [ ] Repeated behavior
- [ ] Derogatory comments  - [ ] Intimidation directed at me  - [ ] Sexual stories/jokes/pictures
- [ ] Derogatory comments  - [ ] Name calling  - [ ] Sexual Orientation Slurs
- [ ] Disrespectful comments  - [ ] Offensive writing or graffiti  - [ ] Slurs, rumors, jokes
- [ ] Electronic/Cyberbullying  - [ ] Physical harm or threats of harm  - [ ] Spreading rumors
- [ ] Excluding me from activities  - [ ] Pranks  - [ ] Threats (to me, friends, school)
- [ ] Hazing (Club, team, class, other)  - [ ] Put downs  - [ ] Touching/grabbing
- [ ] Other: (Please describe)
Why do you think this occurred?

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

________________________

________________________

Did a physical injury result from this incident? Yes ☐ No ☐ If yes, please describe.

Was the targeted student absent from school as a result of the incident? Yes ☐ No ☐ If yes, please describe.

Are there any notes, pictures, texts, screen shots or other evidence of the event(s) you are reporting?

Is there any additional information you can add?

Thank you for reporting!

FOR OFFICE USE

Received by: ____________________________

Date received: ____________________________

Action taken: ____________________________

Parent/Guardian contacted: ____________________________

Check one: ☐ Resolved ☐ Unresolved

Referred to: ____________________________