

## Bullying and Harassment Student Form

Directions: If you feel that you have been bullied, please fill out the form below. If you need more space, attach additional documentation as needed. Please turn this form in to an administrator or a counselor. You will be contacted within a few days.

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Information (Phone number and/or e-mail) \_\_\_\_\_

Please provide the day and time of the bullying incident: \_\_\_\_/\_\_\_\_/\_\_\_\_

Describe what happened and who was involved in the reported incident (please include names of possible witnesses to action or report):

What did you do?

Were threats communicated in any way? \_\_\_\_\_ yes \_\_\_\_\_ no  
Please list how the threats were communicated (text, verbally, written, use of other technological method):

Prior to completion of this form, was this action reported to or observed by another adult? \_\_\_\_\_  
yes \_\_\_\_\_ no

If yes, who and when was the original report made?

Date report received by administrator: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date formal investigation initiated: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of administrator/counselor: \_\_\_\_\_