

Bullying and Harassment Student Form

Directions: If you feel that you have been bullied or harassed, 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):

As a result 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) and define the threats:

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

If yes, to whom and when was the original report made?

Date report received by administrator: ____/____/____ Date formal investigation initiated: ____/____/____

Signature of administrator/counselor: _____