

**Mokena School District 159**  
**Bullying Prevention and Intervention Form**

**Please select your school:**

Mokena Elementary     Mokena Intermediate     Mokena Junior High     Other \_\_\_\_\_

**Person(s) Reporting:** *(Please note that without providing your contact information, it may be difficult to pursue this report.)*

Name(s): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**The person submitting this report is:**

Student                       Student Witness                       Parent/Guardian                       School Personnel  
 Other (Describe): \_\_\_\_\_

**Target of Bullying - Who was being bullied?:**

**Witnesses - Who saw what happened?:**

**Type of Behavior - What did they do?:** Please choose **all** that apply:

**Cyber/electronic media** (Internet website postings, chat room, videos)  
 **Social** (excluding, intimidation, telling lies/rumors, taunting)  
 **Physical** (hitting, pushing, spitting, stealing items, stalking)  
 **Verbal** (calling names, threatening, writing graffiti, demeaning comments)  
 **Other (describe):** \_\_\_\_\_

**Please specify the location(s) - Where did it happen?:** Please choose **all** that apply:

Classroom                       Gym                       Hallway  
 Locker Room                       Lunchroom                       On Bus/At Bus Stop  
 Recess                       Restroom                       Text/Phone/Internet/Social Media  
 To/From School                       Other (describe): \_\_\_\_\_

**Date and Time of Incident(s) - When did it happen?:**

	Incident #1	Incident #2	Incident #3
Incident Date:			
Incident Time:			

**Is this the first time that an incident has occurred?:**

- Yes       No

**If this is not the first time an incident has occurred, when did it begin and how many times has it happened?:**

**Has this situation been reported to an adult?:**

- Yes       No

**If so, to whom and when?:**

**Describe in detail what happened:**