

STUDENT BULLYING REPORT FORM



Instructions:

Please complete the form. You must include your name (which will be confidential) at the bottom of the form. Please note that the community's ability to investigate an anonymous complaint may be limited, and the community prohibits retaliation against anyone who files a bullying report.

Type of Bullying:

Verbal Physical Relational

Describe what happened/what is happening:

When did it happen?

Before school During school
After school Unsure

Date of Incident

Time of
Incident

Where did it happen?

In the school building (list room) On the school playground
In the school parking lot On the school bus
Online At a school event (list event)
Other location: (please specify) Unsure

List Event/
List Room

Who was committing the bullying (if you don't know the bully's name(s) describe him/her?)

Who was the target of the bullying (if you don't know the bully's name(s) describe him/her?)

Did anyone else witness the bullying (if yes, please list)?

If yes, please list

Yes No Unsure

Were you or others physically hurt (please explain)?

Please explain

Yes No Unsure

Was there damage to anyone's personal property?

Please explain

Yes No Insure

Have you or the target missed school or made changes to your daily routine as a result of the incident(s)?

Yes No Unsure

Have you told anyone about the bullying?

Teacher	Other school staff	Parent
Brother/Sister	Other family member	Other

Have you previously reported a bullying (this information is used to determined if retaliation is occurring)?

Yes No

Your Name (This will be kept confidential)

Your grade and age:

How can we contact you?

E-mail

Phone

Phone

E-mail

mdavis@sunflower.k12.ms.us