Bullying Incident Report Form

Please fill out the form below in order to inform us about any situation or problem that you are having or know information about regarding bullying or being harassed. This can apply to you as a victim or to an incident that you have witnessed.

FALSE REPORTING OF AN INCIDENT IS AGAINST STATE LAW AND SCHOOL POLICY

Name of reporting student: _____

Name of victim: _____

Name of alleged offender(s): _____

_____

Where did most recent incident occur? _____

Date of most recent incident: _____

Time of most recent incident: _____

Has this incident been reported to anyone yet? If yes, please provide name. _____

_____

Were there any witnesses? _____

If yes, names of witnesses: _____

_____

Description of what happened: _____

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Signature of reporter: _____