



Bullying Report Form

Please print and check appropriate boxes.

Name: _____ Date: _____
☐ Student ☐ Parent ☐ Staff ☐ Other

Indicate here if you prefer to remain anonymous: ☐ Yes ☐ No

Are you the target of the bullying that your are reporting: ☐ Yes ☐ No

Date of incident: _____ Time of Incident: _____

Person(s) being reported as targets of bullying:

Name: _____ ☐ Student ☐ Staff

Name: _____ ☐ Student ☐ Staff

Name: _____ ☐ Student ☐ Staff

Person(s) being reported as aggressors engaged in bullying:

Name: _____ ☐ Student ☐ Staff ☐ Other

Name: _____ ☐ Student ☐ Staff ☐ Other

Name: _____ ☐ Student ☐ Staff ☐ Other

Person(s) who witnessed the bullying:

Name: _____ ☐ Student ☐ Staff ☐ Other

Name: _____ ☐ Student ☐ Staff ☐ Other

Name: _____ ☐ Student ☐ Staff ☐ Other

Was the incident based on any of these characteristics? (Check all that apply).

☐ Race

☐ Color

☐ Nationality

☐ Sex

☐ Sexual orientation

☐ Gender identity

☐ Pregnancy

☐ Gender-related expression

☐ Ancestry

☐ Age

☐ Religion

☐ Physical disability

- ☐ Mental disability
 ☐ Order of protection status
 ☐ Homeless status
☐ Marital status
 ☐ Parental status
☐ Associated with person/group with one or more of the above actual or perceived characteristics
☐ Other _____
☐ I do not know.

Student(s) were targeted for bullying in the following way(s): (Check all that apply.)

- ☐ Electronic devices (e.g., internet, social media platforms, text, email, cyberbullying, etc.)
☐ Written communication (e.g., handwritten notes, other written documents, email, etc.)
☐ Physical act or conduct (e.g., pushing, hitting, destruction of property, stalking, etc.)
☐ Verbal act or conduct (e.g., rumors, lies, name-calling, using derogatory slurs, etc.)
☐ Social (e.g., purposeful exclusion, causing psychological harm, etc.)
☐ Items depicting implied hatred or prejudice were worn, possessed or displayed
☐ Other (please explain): _____

Student(s) were targeted for bullying in the following place(s): (Check all that apply.)

- ☐ Classroom
 ☐ Locker room
☐ Hallway
 ☐ Extracurricular activity
☐ Cafeteria
 ☐ Bus
☐ Restroom
 ☐ Bus stop
☐ Gym
 ☐ School or related activity or event
☐ Other: _____

Please tell us about the incident in your own words. Use as much detail as possible - what time did the incident(s) take place, who witnessed it, what was said, what types of interactions occurred (physical, written, social, electronic, etc.)

☐ The above information is true and accurate to the best of my knowledge.

Signature: _____ Date: _____