Bullying Reporting Form

If you have information regarding bullying please fill out this form to the best of your knowledge. If you wish to remain anonymous simply leave your name off of the form.

<table>
<thead>
<tr>
<th>Victim Name:</th>
<th>Gender M / F</th>
<th>Grade:</th>
<th>Age:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accused Name:</td>
<td>Gender M / F</td>
<td>Grade:</td>
<td>Age:</td>
</tr>
</tbody>
</table>

Where did the incident occur?

When did the incident occur?

Date: ___________________   Time: ________________

Please describe, in as much detail as possible, what happened. (Use the back if needed.)

Please list any witnesses and what portion of the incident you think they witnessed.

What evidence of bullying is there? (i.e. letters, photos, etc. - attach if possible)

Thank you, this report will be followed up on within 2 school/work days. If you fear a student is in immediate danger, please dial 911 and alert the police immediately.

Date Received: ___________________   Received by: ___________________