

BULLYING REPORT FORM

Instructions: Complete this form, responding only to the questions that you feel comfortable answering and are able to report accurately. Submit this form to the principal or other school employee. This form may be completed by the person reporting the incident or by the school employee to whom the incident is being reported.

Person Reporting the Incident:		Date	of Report:
Person Reporting the Incident:			
○ Student ○ Parent/Guardian ○ School Emplo	oyee () Chaperone		
escription of Incident (Include the name here, when, how, how often, was it intent	s of those involved an tional, is it a repeated	d as much detail as p incident, etc.)	ossible: who, what,

st the name(s) of any witnesses to the in	cident.		
		NAME OF THE OWNER OWNER OWNER OF THE OWNER OWNE	
certify that all statements made in this report a	are true and complete.		
Signature of Person Filing Report			Date
teceived by :			-
Name	Position		Date