

STUDENT

Bullying/Harassment Incident Report Form or Witness Statement

Name of student bullied/harassed: _____ Date: _____

School: _____ Grade: _____

Names of accused individuals who bullied/harassed:

Where did the Incident Happen? Check all that apply:

<input type="checkbox"/> Classroom	<input type="checkbox"/> Restroom	<input type="checkbox"/> Bus
<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Gym	<input type="checkbox"/> To/from school
<input type="checkbox"/> Hallway	<input type="checkbox"/> Locker Room	<input type="checkbox"/> School sponsored activity or event not on school property

Describe in detail exactly what happened (please use the back of this form for more writing space if needed):

Physical evidence related to the incident to include physical marks, email, websites, video/audio tapes, photos or other evidence. _____

Name/s of Witnesses:

Other Information – Who/What person did you tell at school? _____

I AGREE THAT ALL OF THE INFORMATION ON THIS FORM IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE:

Signature of person reporting bullying/harassment

Date

Signature of staff accepting report

Date

Name of person completing this form: _____

Relationship to person who reported being bullied/harassed: Self ___ Parent ___ Witness ___