

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:

_____ Classroom	_____ Restroom	_____ Bus
_____ Cafeteria	_____ Gym	_____ To/from school
_____ Hallway	_____ Locker Room	_____ School sponsored activity or event not on school property
_____ Other (describe) _____		

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

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

Name/s of Witnesses:

Who 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 member accepting report

Date

Name of person completing this form: _____

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