



STUDENT Report of Suspected Bullying Behaviors

This document is fillable using Adobe Acrobat or can be copied and completed by hand.

Name _____ Grade _____

Date _____ School _____

Describe the incident. Include details and information about the incident, participants, background to the incident, and any attempts you have made to resolve the problem. (Use an extra sheet of paper if necessary.)



Name of person(s) who is the target of mean behavior: _____

Name of person(s) who is doing the mean behavior: _____

Date of incident(s): _____

Location(s): _____ Approximate Time: _____

Names of witnesses, if any, who can provide more information regarding your report?

1. _____ 2. _____

3. _____ 4. _____

Have there been previous incidents (check one) Yes No

Were these incidents reported to school employees? (check one) Yes No

If "yes," to whom was it reported and when? _____

How was it reported? (check one) Verbal Written

I certify that the above information and events are accurately depicted to the best of my knowledge.

Signature of Reporter Date Submitted

Received By Date Received