

Bullying Report
Complete this form for each and every incident

Date of Incident _____ Time of Incident _____

Type of bullying - Check all that apply

Email___ Text___ Facebook___ Twitter___ Phone___ Other___

If you checked other please list_____

If not online where did the incident take place

Public place___ School___ Work___ Business___ Store or Mall___

Home___

Name or names of person(s) being bullied _____

Name or names of person(s) bullying_____

Address of person (s) if known_____

Physical description of person(s) bullying _____

List witnesses to incident if any_____

Did the bully attempt to recruit others to assist in incident - Yes/ No/ Don't

know_____

If yes, list name(s) of others and how attempt was made_____

Evidence:

Copies / Pictures / Printouts of incident attached to this report ___ Yes/ No

If yes list evidence _____

Was the bullying done in person ___ Yes/ No

Were threats of injury, violence, or death made against victim ___ Yes/ No

If yes list threat _____

Was physical contact made ___ Yes/ No

Was the victim struck, grabbed, pushed, held against will ___ Yes/ No

Did physical harm or injury occur ___ Yes/ No

If yes to physical harm or injury - list injury or injuries

Did you seek medical assistance if so where _____

Was security / police / administration notified ___ (If notified please attach copy of report made by authority, if not available list names and or contact information and report number if available and any other helpful information)
