

Bullying/Harassment Report Form

This report is to be completed by the individual making or receiving a report of alleged bullying or harassment. The administrator may complete this form when receiving a report of alleged bullying or harassment from a student. If the reporting individual is unable or unwilling to complete the form, it should be filled out by the administrator receiving the report.



Campus: _____ Today's Date: _____

Administrator Completing Report: _____ Title: _____

Person Reporting Bullying/Harassing Conduct: _____

Alleged Target Student's Name: _____ Grade: _____ ID#: _____

Alleged Perpetrator's Name(s): _____ Grade: _____ ID#: _____

_____ Grade: _____ ID#: _____

_____ Grade: _____ ID#: _____

Name(s) of Witness(es) to Alleged Conduct: _____

Date(s) of Incident(s): _____ Time of Incident: _____

Location of Incident: _____

Description of Incident(s) or Event(s): _____



Was Incident ever reported to anyone else? Yes No

If yes, to whom, when, and what was done: _____

Other information, including prior incidents or threats:

Receiving School Administrator's Signature: _____ Date: _____

Additional comments or notes from receiving school official: _____

