## YOUR CAMPUS NAME: Report Form for Allegations of Bullying

Name of Person making the report:	Date of Report:
Parent/Guardian of:	gradeID#
When did this happen: (Date/Time of day) Single Incident Series of I	incidents Not sure
Are there immediate safety needs?Yes	No If yes, please describe:
Name of person suspected of bullying if known	and grade/teacher:
Bystanders/Witnesses:	
Classroom E Hallway Property Cooker room C Bus A Bus Stop L Playground/Athletic field	chool Event In transit to/from
(attach additional paper if needed)  Specific concerns: ( check all that apply) Physical Emotional Relational Fear of Retaliation Damaged Clothing or	Cyber Bullying Bus Issues Property Other
Who was informed? Teacher(s)  Administrator(s)  Student Resource Officer  Counselor(s)  Other	