

McMath Middle School: Report Form for Allegations of Bullying

Name of Person making the report: _____ Date of Report: _____

Parent/Guardian of: _____ grade _____ ID# _____

When did this happen: (Date/Time of day) _____
___ Single Incident ___ Series of 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: _____

Where did the incident occur?

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Restroom | <input type="checkbox"/> School Event | <input type="checkbox"/> In transit to/from |
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Extended Day | <input type="checkbox"/> School |
| <input type="checkbox"/> Hallway | <input type="checkbox"/> Parking Lot | <input type="checkbox"/> Computer Lab |
| <input type="checkbox"/> Dressing/Locker room | <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Bus | <input type="checkbox"/> Auditorium | <input type="checkbox"/> Cell Phone |
| <input type="checkbox"/> Bus Stop | <input type="checkbox"/> Lecture Hall | <input type="checkbox"/> Other (add below) |
| <input type="checkbox"/> Playground/Athletic field | | _____ |

Description of the bullying behaviors: _____

(attach additional paper if needed)

Specific concerns: (check all that apply)

- Physical ___ Emotional ___ Relational ___ Cyber Bullying ___ Bus Issues ___
Fear of Retaliation ___ Damaged Clothing or Property ___ Other _____

Who was informed? Teacher(s) _____
Administrator(s) _____

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Student Resource Officer _____

Counselor(s) _____

Other _____