

**Student Harassment & Bullying
Reporting Form for Students**

Your Name (optional, you may report anonymously)

Your Grade _____ Age _____

How can we contact you?

phone: email: other:

Describe what happened/what is happening:

When did it happen: date: _____ time: _____

before school during school after school online/phone unsure

Who was committing the harassment/bullying? Name or describe.

Who was the victim of the harassment/bullying? Name or describe.

Did anyone else witness the event? Please list witnesses.

Were you or anyone else physically hurt? Please describe.

Have you told anyone about the bullying?

parent teacher other school staff family member other (list below)

Has this harassment happened before? yes no

If so, have you reported this previously? yes no

FOR OFFICE USE ONLY	
Date Received:	
Received By:	