

## **Report Form for Bullying and School Violence**

*To be completed by the bullying target, witness, or person with information about an incident of bullying or school violence and submitted to the Deans' Office.*

*Please print and check appropriate boxes.*

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Student  Parent  Staff  Other \_\_\_\_\_

Indicate here if you prefer to remain anonymous.  Yes  No

Are you the target of the bullying or school violence that you are reporting?  Yes  No

Date of incident: \_\_\_\_\_ Time of incident: \_\_\_\_\_

Person(s) being reported as targets of bullying or school violence:

Name: \_\_\_\_\_  Student  Staff

Name: \_\_\_\_\_  Student  Staff

Name: \_\_\_\_\_  Student  Staff

Person(s) being reported as aggressors engaged in bullying or school violence:

Name: \_\_\_\_\_  Student  Staff  Other

Name: \_\_\_\_\_  Student  Staff  Other

Name: \_\_\_\_\_  Student  Staff  Other

Person(s) who witnessed the bullying or school violence:

Name: \_\_\_\_\_  Student  Staff  Other

Name: \_\_\_\_\_  Student  Staff  Other

Name: \_\_\_\_\_  Student  Staff  Other

Was the incident based on any of these characteristics? (Check all that apply.)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Race                    | <input type="checkbox"/> Color                      | <input type="checkbox"/> Nationality         |
| <input type="checkbox"/> Sex                     | <input type="checkbox"/> Sexual orientation         | <input type="checkbox"/> Gender identity     |
| <input type="checkbox"/> Gender-related identity | <input type="checkbox"/> Gender-related expression  | <input type="checkbox"/> Ancestry            |
| <input type="checkbox"/> Age                     | <input type="checkbox"/> Religion                   | <input type="checkbox"/> Physical disability |
| <input type="checkbox"/> Mental disability       | <input type="checkbox"/> Order of protection status | <input type="checkbox"/> Homeless status     |
| <input type="checkbox"/> Marital status          | <input type="checkbox"/> Parental status            | <input type="checkbox"/> Pregnancy           |
- Associated with person/group with one or more of the above actual or perceived characteristics
- Other \_\_\_\_\_
- I do not know.

Student(s) were targeted for bullying in the following way(s): (Check all that apply.)

- Electronic devices (e.g., internet, Social media platforms, text, email, cyberbullying, etc.)
- Written communication (e.g., handwritten notes, other written documents, email, etc.)
- Physical act or conduct (e.g., pushing, hitting, destruction of property, stalking, etc.)
- Verbal act or conduct (e.g., rumors, lies, name-calling, using derogatory slurs, etc.)
- Social (e.g., purposeful exclusion, causing psychological harm, etc.)
- Items depicting implied hatred or prejudice were worn, possessed or displayed
- Other (*please explain*): \_\_\_\_\_

Student(s) were targeted for bullying in the following place(s): (Check all that apply.)

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Classroom   | <input type="checkbox"/> Locker room                         |
| <input type="checkbox"/> Hallway     | <input type="checkbox"/> Extracurricular activity            |
| <input type="checkbox"/> Cafeteria   | <input type="checkbox"/> Bus                                 |
| <input type="checkbox"/> Restroom    | <input type="checkbox"/> Bus stop                            |
| <input type="checkbox"/> Gym         | <input type="checkbox"/> School or related activity or event |
| <input type="checkbox"/> Other _____ |  |

Please tell us about the incident in your own words. Use as much detail as possible - what time did the incident(s) take place, who witnessed it, what was said, what types of interactions occurred (physical, written, social, electronic, etc.)

The above information is true and accurate to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_