

## **Students**

### **Report Form for Bullying and Aggressive Behavior**

*To be completed by the bullying/aggressive behavior target, witness, or person with information about an incident of bullying and submitted to the Building Principal's office.*

*Please print and check appropriate boxes.*

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

☐ Student ☐ Parent/Guardian ☐ Staff ☐ Other \_\_\_\_\_

Indicate here if you prefer to remain anonymous: ☐ Yes ☐ No

Are you the target of the bullying that you are reporting: ☐ Yes ☐ No

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

Person(s) being reported as targets of bullying/aggressive behavior:

Name: \_\_\_\_\_ ☐ Student ☐ Staff

Name: \_\_\_\_\_ ☐ Student ☐ Staff

Name: \_\_\_\_\_ ☐ Student ☐ Staff

Person(s) being reported as aggressors engaged in bullying/aggressive behavior:

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

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

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

Person(s) who witnessed the bullying/aggressive behavior:

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

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

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

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

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Race   | <input type="checkbox"/> Color                      | <input type="checkbox"/> National origin         |
| <input type="checkbox"/> Sex  | <input type="checkbox"/> Sexual orientation         | <input type="checkbox"/> Gender-related identity |
| <input type="checkbox"/> Pregnancy  | <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"/> Parenting status           | <input type="checkbox"/> Physical appearance     |
| <input type="checkbox"/> Socioeconomic status   | <input type="checkbox"/> Academic status            | <input type="checkbox"/> Military status         |
| <input type="checkbox"/> 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/aggressive behavior 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/aggressive behavior in the following place(s): (Check all that apply.)

☐ Classroom

☐ Locker room

☐ Hallway

☐ Extracurricular activity

☐ Cafeteria

☐ Bus

☐ Restroom

☐ Bus stop

☐ Gym

☐ School or related activity or event

☐ 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: \_\_\_\_\_