



## SECONDARY BULLYING REPORT FORM

Bullying is a serious issue and will not be tolerated. In order to be considered bullying, the behavior must be aggressive and include: 1) An imbalance of power, such as physical strength, access to embarrassing information, or popularity; 2) Repetition, or happened more than once. Use this form to report bullying that occurred on school property; at a school-sponsored activity or event off school property; on a school bus; on the way to and/or from school; on social media or through text message, during the current school year.

Your right to privacy will be respected as much as possible. We take all reports seriously and will take appropriate actions based on the report.

**Directions:** Please complete the below information and turn it in to the main office, counselor or administrator.

Name: \_\_\_\_\_ Today's date: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of incident: \_\_\_\_\_ Name of Offender: \_\_\_\_\_

**Location of incident:**

Classrooms  Cafeteria/ Recess  School Bus  Hallways

Social Media/ Internet/Text  Other \_\_\_\_\_

**Was the alleged incident towards:**  You  Another person (you are the witness)

**Did you witness the event?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Names of any other witnesses:** \_\_\_\_\_

**How many times has the incident occurred previously?** \_\_\_\_\_

**Description of incident** (please explain as many details about the incident, including details such as any physical contact and verbal statements):

**How did you (or the person harassed) say "no" or "stop"? For the incident to be considered harassment this needs to have been communicated to the alleged harasser.**

By signing below I am stating that all of the information I have provided is true, accurate, and complete to the best of my knowledge and belief:

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

For Office Staff Only:

**Directions:** Please review the report and ensure it is complete.

Follow up completed by: \_\_\_\_\_

**Type of Harassment:**  Verbal     Physical     Sexual     Bullying

**Actions taken:**

Student Conference     In-School Suspension

Mediation     Out-Of-School Suspension

Lunch Detention     Referral to outside resource \_\_\_\_\_

After-School Detention     Parent Contacted on \_\_\_\_\_

Other \_\_\_\_\_

**Additional Notes:**

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