



Chariho Regional School District

Bullying and/or Cyberbullying

Report Form

Name: _____ Student ID: _____ Grade: _____

Date: _____ Time: _____ School: _____

Please answer the following questions about this reporting incident:

List the name of the alleged bully, and/or cyberbully. If name is not known, provide any other identifiable information:

Relationship between you and the alleged bully, and/or cyberbully:

Describe the incident:

When and where did it happen? _____

Were there any witnesses? [] yes [] no If yes, who? _____

Other information, including previous incidents or threats:

Student or parent declines to complete this form: Initial: _____ Date: _____

I certify that all statements made in the complaint are true and complete. Any intentional false statement of fact will subject me to appropriate discipline. I authorize school officials to disclose the information I provide only as necessary in pursuing the investigation.

Sign below:

Student: _____ Date: _____

School official receiving complaint: _____ Date: _____

School official conducting follow-up: _____ Date: _____