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## STAFF OR PARENT/GUARDIAN Report of Suspected Bullying Behaviors

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This document is fillable using Adobe Acrobat or can be copied and completed by hand.

Name of Person Completing Report: \_\_\_\_\_

Anonymous Report? (parent/guardian only)      Date \_\_\_\_\_ School \_\_\_\_\_

Name of person(s) who is the target of behaviors:

\_\_\_\_\_  
What is your relationship to the person named above? (parent, teacher, etc.):

\_\_\_\_\_  
Name of person this report is filed against?

\_\_\_\_\_  
Date of Incident(s):

\_\_\_\_\_  
Location(s): \_\_\_\_\_ Time \_\_\_\_\_

*Describe the basis for your report. Included information about the incident, participants, background to the incident, and any attempts you have made to resolve the problem. Please note relevant dates, times, and places. (Use an extra sheet of paper if necessary).*



Are there witnesses who can provide more information regarding your report?

Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

If the witnesses are not school district staff or students, please provide contact information:

\_\_\_\_\_  
Name Address Phone

\_\_\_\_\_  
Name Address Phone

Have there been previous incidents that you are aware of? (check one) Yes No

If "yes," please describe the behavior of concern, the approximate dates and the location:

Were these incidents reported to school employees (check one) Yes No

If "yes," to whom was it reported and when?

Who \_\_\_\_\_ When? \_\_\_\_\_

How was it reported? (check one) Verbal Written

I certify that the above information and events are accurately depicted to the best of my knowledge.

\_\_\_\_\_  
Signature of Reporter Date Submitted

\_\_\_\_\_  
Received By Date Received