

DRAFT INITIAL BULLYING COMPLAINT FORM**Page 1 of 2**

Any school employee, designated volunteer or employee of a company under contract with the District who has witnessed, received a report of, or has reliable information that a student has been subject to bullying, cyberbullying, harassment, or retaliation shall report such incident to the appropriate school or facility Administrator or designee as soon as possible but no later than 24 hours (1 school day) after observing the incident or receiving the information. Oral reports must be recorded in writing using this form.

**BULLYING, CYBERBULLYING, HARASSMENT AND RETALIATION INCIDENT
REPORTING FORM**

(See School Board policy JICK – Pupil Safety & Violence Prevention)

1. Name of Person Filing the Incident Report: _____ Grade _____
(Note: Reports may be made anonymously, but no disciplinary action will be taken against an alleged aggressor solely on the basis of an anonymous report).

2. Check whether you are the: Target of the behavior Reporter (not the target)
Witness

3. Check whether you are a: Student Staff member (specify role) _____
 Parent Administrator
 Other (specify): _____

Your contact information/telephone number: _____

4. If staff member, state your school or work site: _____

5. Information about the incident:

Name of target(s): _____

Name of aggressor(s): _____

Date(s) of incident(s): _____

Time when incident(s) occurred: _____

Location of incident(s) (Be as specific as possible): _____

If Cyberbullying, what is the point of origin: _____

Was there any digital recording of the incident: _____

6. Witnesses (list people who saw the incident or have information about it.)

Name: _____ Student Staff Other _____

Name: _____ Student Staff Other _____

Name: _____ Student Staff Other _____

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7. Describe the details of the incident (including names of people involved, what occurred, and what each person did and said, including specific words used, evidence of imbalance of power, and any evidence of incident).

8. Is the victim concerned for his/her safety? (If no what do you need to feel safe?)

Signature of Person Filing this Report: _____ Date: _____

(Note: Reports may be filed anonymously).

Form Given to: _____ Position: _____ Date Received: _____

Signature: _____ Date Received _____
