

Student Bullying Report

Gilbert Intermediate



Bullying

Instructions:

Please complete both pages of the form. It is very important that all areas of the form be filled out accurately and completely in order for us to investigate the report appropriately. Please understand the reporters name will not be revealed in order to prohibit retaliation. If you are the parent, please leave your contact information phone and or email so that we can contact you if needed.

Your Last Name: _____ Your First Name: _____

Today's Date: _____ Parent Name: _____ Parent Contact Info: _____

Your Grade and age:

6th Grade Age: _____

5th Grade Your Homeroom Teacher: _____

Who was committing the bullying? (if you don't know the bully's name(s) describe him/her and tell what grade they are in and what pod they are in:

Who was the victim of the bullying? (If you don't know his/her name, describe him/her and tell what grade they are in and what pod they are in) :

Describe what happened/what is happening:

When is it happening?

Before school

Date of Harassment: _____

During school (if during school
which specific class): _____

Time of Harassment: _____

After school

Circle one: am pm

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Where did it happen?	<input type="checkbox"/> In the school hallway (list specific hallway): <input type="checkbox"/> On the school playground(which playground): <input type="checkbox"/> In the school gym <input type="checkbox"/> In the School Cafeteria <input type="checkbox"/> In the School Bathroom	<input type="checkbox"/> In the PE dressing rooms <input type="checkbox"/> On the school bus <input type="checkbox"/> At a school event (list specific event): <input type="checkbox"/> Other (please specify):
How often is it happening?	<input type="checkbox"/> Every Day <input type="checkbox"/> 2-3 times a week <input type="checkbox"/> 2-3 times a month <input type="checkbox"/> It has only happened once	
Did anyone else witness the bullying (if yes, please list whom):	Yes No Unsure	
Were you or others physically hurt or property damaged (please explain)?	Yes No Unsure	
Have you told anyone about the bullying?	<input type="checkbox"/> Parent <input type="checkbox"/> Babysitter <input type="checkbox"/> Brother/sister <input type="checkbox"/> Other family member:	<input type="checkbox"/> Teacher <input type="checkbox"/> Other school staff: <input type="checkbox"/> Other: _____
Have you previously filed a bullying report (this information is used to determine if retaliation is occurring)? If so when and whom was the person that was bullying previously? Yes No		

For Office Use Only:

Date Received in Office: _____ Administrator Signature: _____

Action Taken by Administrator: _____
