



PARENT/GUARDIAN BULLYING REPORT FORM

Fill in all blank spaces on this document. Missing information delays investigation.

Parent Name:
Date of Report:
Student Name:
Grade/Teacher:————————————————————————————————————
NATURE OF THE CONCERN(CHECK ALL THAT APPLY):
My child is being bullied
My child witnessed bullying
My child may be bullying others
Details of incident(date, time, location, individuals involved):
How has this affected your child?

Have you reported this before?	
Yes to whom:	
□ No	
What steps would you like the school to take?	
Parent Contact Information (optional)	
Name:	
Phone:	

