

## STUDENT BULLYING REPORT FORM

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

STUDENT II	NFORMATION:	
Student Name:		Date of Report:
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INCIDENT I	NFORMATION:	
Date of Incident: Time of Incident:		Time of Incident:
Location of	f Incident:	
	n of Incident: ide a detailed account of w	hat happened
Type of Bul	llying: (check all that app Physical (hitting pushing Verbal (name calling, te Social/Relational (sprea excluding etc) Cyber Bullying (social names	g etc) easing etc) ading rumors,

People involved/Witnesses (if known)	
How often has this happened	
First Time	
☐ Sometimes ☐ Often	
Do you feel safe at school?	
Yes	
□ No	
What action would you like the school to take?	
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