

Student/Parent Bullying, Cyberbullying, and/or Incident Report Form

Name of victim (full name of student) _____

Date of birth _____ Grade _____

Parent name _____

Date _____ Time: _____ Circle am pm

Complete School Name _____

Name of person reporting, if different from student _____

Relationship of person reporting to victim _____

List the full name, age, grade, of the alleged bully, and/or cyberbully. If name is not known, provide any other identifiable information:

What is the relationship between you and the alleged bully, and or cyberbully?

Describe the incident:

When and where did it happened

Were there any witnesses? _____ Yes _____ No

If there were witnesses, who were they?

Other information pertaining to this incident:

Were other authorities notified, police or county child protection? _____ Yes _____ No

If yes, date and name of whom you talked with: _____

Was a report submitted? _____ Yes _____ No

Has this type of incident happened before? _____ Yes _____ No

If yes, how many times? _____

Describe previous incidents or threats:

I agree/certify that all statements made in the complaint are true and complete. Any intentional false statement of fact will subject me to appropriate discipline and or actions of the school administration

Signature

Date