

October 2018 7:180-AP1, E5

Students

Exhibit - Report Form for Bullying

To be completed by the bullying target, witness, or person with information about an incident of bullying and submitted to the Building Principal's office. Make readily accessible via website(s) and other publicized designated areas in schools.

Please print and check appropriate boxes.

Name:	Date:
Student Parent Staff Other	_
Indicate here if you prefer to remain anonymous. Yes No	
Are you the target of the bullying that you are reporting? Yes	No
Date of incident: Time of inc	rident:
Person(s) being reported as targets of bullying:	
Name:	Student _ Staff
Name:	Student Staff
Name:	Student _ Staff
Person(s) being reported as aggressors engaged in bullying:	
Name:	Student
Name:	Student
Name:	Student _ Staff _ Other
Person(s) who witnessed the bullying:	
Name:	Student
Name:	Student _ Staff _ Other
Name:	Student _ Staff _ Other
Was the incident based on any of these characteristics? (Check all the	at apply.)
☐ Race ☐ Color ☐ Sex ☐ Sexual orientation ☐ Pregnancy ☐ Gender-related expression ☐ Age ☐ Religion ☐ Mental disability ☐ Order of protection status ☐ Marital status ☐ Parental status ☐ Associated with person/group with one or more of the above act	☐ Nationality ☐ Gender identity ☐ Ancestry ☐ Physical disability ☐ Homeless status
Associated with person/group with one or more of the above act	ual of perceived characteristics
I do not know.	

Electronic devices (e.g., internet, social media platforms, text, email, cyberbullying, etc.) Written communication (e.g., handwritten notes, other written documents, email, etc.) Physical act or conduct (e.g., rumors, lies, name-calling, using derogatory slurs, etc.) Social (e.g., purposeful exclusion, causing psychological harm, etc.) Items depicting implied hatred or prejudice were worn, possessed or displayed Other (please explain): Student(s) were targeted for bullying in the following place(s): (Check all that apply.) Classroom Hallway Extracurricular activity Cafeteria Bus Restroom Bus stop Gym Other Please tell us about the incident in your own words. Use as much detail as possible - what time did the incident(s) take place, who witnessed it, what was said, what types of interactions occurred (physical written, social, electronic, etc.) The above information is true and accurate to the best of my knowledge. Signature: Date:	Student(s) were targeted for bully	ying in the following way(s): (Check all that apply.)	
Classroom	 □ Written communication (e.g. □ Physical act or conduct (e.g. □ Verbal act or conduct (e.g., purposeful excl. □ Items depicting implied hat 	g., handwritten notes, other written documents, email, etc.) ., pushing, hitting, destruction of property, stalking, etc.) rumors, lies, name-calling, using derogatory slurs, etc.) lusion, causing psychological harm, etc.)	
Classroom	Student(s) were targeted for bully	ying in the following place(s): (Check all that apply.)	
Other	☐ Classroom ☐ Hallway ☐ Cafeteria ☐ Restroom	☐ Locker room ☐ Extracurricular activity ☐ Bus ☐ Bus stop	
incident(s) take place, who witnessed it, what was said, what types of interactions occurred (physical written, social, electronic, etc.) The above information is true and accurate to the best of my knowledge.		School of related activity of event	
	* * *	essed it, what was said, what types of interactions occurred (phy	rsical,
Signature: Date:	☐ The above information is true	e and accurate to the best of my knowledge.	
	Signature:	Date:	