



# St. Mary Parish Schools

## Bullying Report Form

**Instructions:** Complete this form, responding only to the questions that you feel comfortable answering and are able to report accurately. Submit this form to the principal or other school employee. This form may be completed by the person reporting the incident or by the school employee to whom the incident is being reported. If assistance is needed, please ask a school administrator, school counselor, or teacher for help to complete the form.

<b>Person Reporting the Incident:</b>		<b>Report Date:</b>		<b>Incident Date:</b>	
<b>Person Reporting the Incident is a:</b>	<input type="checkbox"/> Student <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> School Employee <input type="checkbox"/> Chaperone <input type="checkbox"/> Other _____				
<b>Names of other Witnesses: (if known)</b>	<input type="checkbox"/> N/A				
<b>Location:</b> (Choose all that apply)	<input type="checkbox"/> Classroom <input type="checkbox"/> Hallway <input type="checkbox"/> Cafeteria <input type="checkbox"/> Playground <input type="checkbox"/> Restroom			<b>Time:</b>	
	<input type="checkbox"/> Bus <input type="checkbox"/> School Event <input type="checkbox"/> Other _____				
<b>Do you have any physical evidence?</b> (Choose all that apply; attach if possible)	<input type="checkbox"/> N/A <input type="checkbox"/> Notes <input type="checkbox"/> Pictures <input type="checkbox"/> Video Recording <input type="checkbox"/> Audio Recording <input type="checkbox"/> Graffiti <input type="checkbox"/> Email <input type="checkbox"/> Other _____				

**Describe the alleged bullying incident that occurred. Include the names of those involved and as much detail as possible. Who, What, Where, When, and How? Etc.**

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**Name of Recorder (if needed):**

**I agree that all of the information of this form is accurate and true to the best of my knowledge.**

Signature of Person Filing Report:

Date:

**Received by:**

Name:

Position:

Date: