

Report Form for Bullying, School Violence, and Peer Relationship Conflict/Violence

Exhibit - Report Form for Bullying, School Violence, and Peer Relationship Conflict/Violence

To be completed by the individual who is experiencing, has had an incident of, or has information about bullying, school violence, or peer relationship conflict/violence 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 individual experiencing bullying, school violence, or peer relationship conflict/violence that you are reporting? ☐ Yes ☐ No
Date of incident: _____ Time of incident: _____

Person(s) being reported as the individual experiencing bullying, school violence, or peer relationship conflict/violence:

Name: _____ ☐ Student ☐ Staff Name: _____ ☐ Student ☐ Staff
Name: _____ ☐ Student ☐ Staff Name: _____ ☐ Student ☐ Staff

Person(s) being reported as aggressors engaging in bullying, school violence, or peer relationship conflict/violence:

Name: _____ ☐ Student ☐ Staff ☐ Other Name: _____ ☐ Student ☐ Staff ☐ Other
Name: _____ ☐ Student ☐ Staff ☐ Other Name: _____ ☐ Student ☐ Staff ☐ Other

Person(s) who witnessed the bullying, school violence, or peer relationship conflict/violence:

Name: _____ ☐ Student ☐ Staff ☐ Other Name: _____ ☐ Student ☐ Staff ☐ Other
Name: _____ ☐ Student ☐ Staff ☐ Other Name: _____ ☐ Student ☐ Staff ☐ Other

Was the incident based on any of these characteristics? (Check all that apply.)

- | | | | | |
|---|--|---|---|--|
| ☐ Race | ☐ Sexual orientation | ☐ Ancestry | ☐ Order of protection status | ☐ Military status |
| ☐ Sex | ☐ Gender-related expression | ☐ Physical disability | ☐ Parenting status | ☐ I do not know |
| ☐ Pregnancy | ☐ Religion | ☐ Mental disability | ☐ Academic status | ☐ Other |
| ☐ Age | ☐ National origin | ☐ Marital status | ☐ Homeless status | _____ |
| ☐ Color | ☐ Gender-related identity | ☐ Socioeconomic status | ☐ Physical appearance | |
| ☐ Associated with person/group with one or more of the above actual or perceived characteristics | | | | |

Student(s) were experiencing bullying, school violence, or peer relationship conflict/violence in the following way(s): (Check all that apply.)

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., pushing, hitting, destruction of property, stalking, etc.)

☐ Verbal 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

☐ Relationship (peer relationship conflict/violence, break up, revenge, etc.)

☐ Other (please explain): _____

Student(s) were targeted for bullying, school violence, or peer relationship conflict/violence in the following place(s): (Check all that apply.)

- | | | | | | |
|--------------------------------------|------------------------------------|--------------------------------------|----------------------------------|------------------------------------|--|
| ☐ Home | ☐ Classroom | ☐ Locker room | ☐ Hallway | ☐ Cafeteria | ☐ Extracurricular activity |
| ☐ Community | ☐ Bus stop | ☐ Bus | ☐ Gym | ☐ Restroom | ☐ School or related activity or event |
| ☐ 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: _____