

MSD OF BOONE TOWNSHIP School Bullying Report Form

Today's Date: _____

1. I am a

- student
- parent
- school employee
- person being bullied
- friend

2. I have reported this event to the school: yes no

Name of person I spoke to _____

Is this a repeated act? yes no

3. Name of person allegedly being bullied: _____

4. Alleged location: _____

5. Date of event: _____

6. Name of alleged bully: _____

7. Type of Event:

Physical – Hitting, kicking, or other physical aggression

Verbal – Teasing, name-calling, put-downs, other behaviors that would hurt others' feelings or make them feel bad

Social/Relational – Spreading rumors, telling others not to be friends with someone, excluding, embarrassing someone in public or other actions that would interfere with relationships

Electronic/Written Communication – Cyber-bullying, collective or group note writing, using an electronic device to engage in any previously mentioned bullying

8. Description of Events (Include time, location, date):

9. List other students/staff who witnessed the event:

Give this completed form to the Building Principal