

STUDENT BULLYING REPORT FORM- ACEA-E

Instructions:

Please complete **both** pages, responding only to the questions that you feel comfortable answering and are able to accurately answer. You may choose to include your name at the bottom of the form or may submit it anonymously. Please note that the district's ability to investigate an anonymous complaint may be limited, and the District prohibits retaliation against anyone who files a bullying report.

Describe what happened/what is happening:

When did it happen?	Before school During school	Date:
	After school	Time:
	Unsure	a.m. p.m.
Where did it happen?	In the school building (list specific room):	At a school event (list specific event):
	On the school playground In the school parking lot	Other (please specify):
	On the school bus	Unsure
	Online	

Who was committing the bullying (if you don't know the bully's name(s) describe him/her?

Who was the victim of the bullying (if you don't know his/her name, describe him/her)?

Did anyone else	Yes	Witnesses?
witness the bullying	No	
(if yes, please list)?	Unsure	



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Were you or others physically hurt (please explain)?	Yes No Unsure	Explanation:
Was there damage to anyone's personal property?	Yes No Unsure	Explanation:
Have you or the victim missed any school or made any changes to your daily routine as a result of the incident?	Yes No Unsure	Explanation:

Have you told anyone about	Parent	Teacher
the bullying?	Babysitter	Other school staff:
	Brother/Sister	
	Other family member:	Other:

Have you previously filed a bullying report (this information is used to determine if retaliation is occurring)? Yes

No

Your name:	
Your grade and age:	
How can we contact you?	Phone:
	Email:
	Other:

Remember to hit "save" before closing this form. Please print the form and return it to any school staff member, the main office or place it in the bullying report drop box.