

## **STUDENT BULLYING/ HARASSMENT/DISCRIMINATION REPORT**

**SS 1020**

Student Name \_\_\_\_\_ This is an anonymous report ☐

School \_\_\_\_\_ Today's Date \_\_\_\_\_ Date of Incident \_\_\_\_\_

What is the best way to contact you?

Provide phone, email, and/or address \_\_\_\_\_

What are you reporting? Check all that apply: ☐ Bullying ☐ Harassment ☐ Discrimination

Name(s) of individual(s) you are reporting as bullying, harassing or discriminating \_\_\_\_\_

Names of observer/bystanders \_\_\_\_\_

How many times has this occurred? \_\_\_\_\_

Have you told anyone at school? Yes ☐ No ☐ If yes, who? \_\_\_\_\_

***What happened and where did it occur (brief description of the incident):***

*Please give completed form to designated staff at school.*

Submitted to: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only

Received by: \_\_\_\_\_ Date: \_\_\_\_\_