

**STUDENT/PARENT BULLYING/HARASSMENT INCIDENT REPORT FORM  
OR WITNESS STATEMENT**

Name of student bullied/harassed: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Names of accused individuals who bullied/harassed:

\_\_\_\_\_  
\_\_\_\_\_

**Where did the Incident Happen? Check all that apply:**

- To/from school \_\_\_\_\_  
 School-sponsored event at another location \_\_\_\_\_  
 Via tech device (cell phone, computer, Internet, social media, etc.)  
 Other \_\_\_\_\_

**At school** (please indicate where at school the bullying incident occurred)

- |                                     |                                   |                                      |                                      |                                      |
|-------------------------------------|-----------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Bus        | <input type="checkbox"/> Bus Stop | <input type="checkbox"/> Cafeteria   | <input type="checkbox"/> Classroom   | <input type="checkbox"/> Cougar Care |
| <input type="checkbox"/> Gym        | <input type="checkbox"/> Hallway  | <input type="checkbox"/> Locker Room | <input type="checkbox"/> Parking Lot |                                      |
| <input type="checkbox"/> Playground | <input type="checkbox"/> Restroom | <input type="checkbox"/> Other _____ |                                      |                                      |

Describe in detail exactly what happened (please use the back of this form for more writing space if needed):

\_\_\_\_\_  
\_\_\_\_\_

Describe any physical evidence that exists related to the incident including physical marks, email, websites, video/audio tapes, photos or documentation.

\_\_\_\_\_  
\_\_\_\_\_

Name/s of Witnesses: \_\_\_\_\_

Who did you tell at school? \_\_\_\_\_

**I AGREE THAT ALL OF THE INFORMATION ON THIS FORM IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE:**

\_\_\_\_\_  
Signature of person reporting bullying/harassment

\_\_\_\_\_  
Date

Relationship to person who reported being bullied/harassed:  Self  Parent  Witness

\_\_\_\_\_  
Signature of staff member accepting report

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of person completing this form

\_\_\_\_\_  
Date