**Directions:** Complete this form to report alleged bullying. Please forward to the principal immediately. An investigation will be conducted to determine if bullying occurred and corrective actions needed.

<table>
<thead>
<tr>
<th>Date of Alleged Incident(s):</th>
<th>School:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Student Targeted:</td>
<td>Grade:</td>
</tr>
<tr>
<td>Name of Student Aggressor:</td>
<td>Grade:</td>
</tr>
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<td>Grade:</td>
</tr>
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<td>Name of Student Aggressor:</td>
<td>Grade:</td>
</tr>
</tbody>
</table>

**What happened?** (chose all that apply)
- Direct physical aggression/fighting
- Getting another person to hit or harm student
- Teasing, name-calling, threatening
- Making rude or threatening gestures
- Using racial or religious slurs
- Excluding or rejecting the student
- Sexual name calling
- Intimidating, exploiting or extorting
- Spreading harmful rumors or gossip
- Other: __________________________

**Where did the incident happen?** (chose all that apply)
- Classroom
- Hallway
- Lunch room
- Restroom
- Playground/field
- Field trip/activity/event
- Off school property
- Email/text/computer
- Other: __________________________

**When did the incident happen?**
- During class time
- Passing period
- Recess
- Before/after school
- Lunchtime
- Other: __________________________

Please indicate if the incident involved aggression toward a student with these actual or perceived characteristics:
- Overweight
- Gay, lesbian, bisexual, transgender
- Special needs or disability
- Non-dominant race, color or national origin
- Other: __________________________

Please describe the incident in more detail? (Please attach a sheet if more space is needed)

**Person Reporting Alleged Incident** (may not be the person completing this form)
Name: Phone: Title: 

**Person Completing Form**
Name: Phone: Title: 
Signature: Date Completed: 

Page 2 to be completed by Administrator