

### Bullying Report Form

Instructions: Bullying is reportable in person or in writing to school staff. This form is to be completed by the bullying target, witness, or any person with information about an incident of bullying. Upon completion, this form should be turned in to an administrator, teacher, or any staff member with whom the complainant is comfortable. Reports may be made anonymously.

Date of report: \_\_\_\_\_

Name of person making the report (optional): \_\_\_\_\_

Check one:    ☐ Student                      ☐ Parent/Guardian                      ☐ Staff

☐ Other (please specify): \_\_\_\_\_

If a student, specify school and grade (optional): \_\_\_\_\_

Contact information of person reporting (optional): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Check if you prefer to remain anonymous: ☐ Yes                      ☐ No

Are you the target of the alleged bullying? ☐ Yes                      ☐ No

Student(s) believed to be targets of alleged bullying (use reverse side if needed):

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

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

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

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

Person(s) believed to be engaged in alleged bullying conduct (use reverse side if needed):

Name: \_\_\_\_\_ ☐ Student ☐ Staff ☐ Other

Name: \_\_\_\_\_ ☐ Student ☐ Staff ☐ Other

Name: \_\_\_\_\_ ☐ Student ☐ Staff ☐ Other

Person(s) believed to have witnessed or have knowledge about the alleged bullying (use reverse side if needed):

Name: \_\_\_\_\_ ☐ Student ☐ Staff ☐ Other

Contact Information: \_\_\_\_\_

Name: \_\_\_\_\_ ☐ Student ☐ Staff ☐ Other

Contact Information: \_\_\_\_\_

Name: \_\_\_\_\_ ☐ Student ☐ Staff ☐ Other

Contact Information: \_\_\_\_\_

Date(s), time(s), and location(s) of the alleged bullying incident(s) (use reverse side and/or additional pages if needed):

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Was there a real or perceived imbalance of power? ☐ Yes ☐ No

Details: \_\_\_\_\_

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[illegible]

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Date submitted to designated administrator for investigation: \_\_\_\_\_

North Conejos School District RE-1J, La Jara, CO 81140

