

## Bullying Report Form – Middle School Version

### ***General Statement of Policy Prohibiting Bullying***

Bullying is a serious issue and will not be tolerated. Use this form to report bullying that occurred on school property; at a school-sponsored activity, or event off school property; on a school bus; on the way to and/or from school; on social media or through text message, during the current school year. If you are a student or a friend of a student who is getting bullied and wish to report an incident of bullying, complete this form and return it to a teacher or the office.

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**Reporter Contact Information** Reports can be made anonymously.

*(Please note: Discipline decisions cannot be made solely on anonymous reports.)*

Name (optional): \_\_\_\_\_ Date: \_\_\_\_\_

Phone number (optional): \_\_\_\_\_

Email address (optional): \_\_\_\_\_

I am (choose one):

\_\_\_\_ Student    \_\_\_\_ Parent/Guardian    \_\_\_\_ Staff Member    \_\_\_\_ Other

### **Reporter Contact Information**

Student Who Was Harmed \_\_\_\_\_ Grade: \_\_\_\_\_

Student Who Did Harm \_\_\_\_\_

Date and Time of Incident \_\_\_\_\_

Location \_\_\_\_\_

### **Name of Bullying Being Reported** (check all that apply):

\_\_\_\_ **Physical** Acts such as hitting, spitting, kicking, or damaging yours or another student's possessions.

\_\_\_\_ **Verbal** Saying mean or hurtful things or threatening you or another student.

\_\_\_\_ **Social** Excluding you or a student from a group, telling peers not to talk to you or another student.

\_\_\_\_ **Emotional** Spreading mean rumors or lies about someone.

\_\_\_\_ **Cyber/Online** Any sort of digital media. Occurs on a website, social media, by cell phone, email, or text messages.

Reviewed by (administrator): \_\_\_\_\_

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

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Did the bullying include mean comments about you or other students?

Physical Appearance       Gender or Gender Expression  
 Academic Performance       Race/Ethnicity or Perceived Race/Ethnicity  
 Religious or Cultural Beliefs       Sexual Orientation or Perceived Sexual Orientation

Please give any other details about the incident that you feel are important. Attach additional pages if necessary. Please include your name and date on each page unless you want this to remain anonymous.

Did you witness the event?  Yes  No

Name(s) of witness(es) (including adults, if any):

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I am submitting this form based on my belief that \_\_\_\_\_ bullied me or another person. I am reporting this because I am concerned and I want the situation to be better in the future.

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

Reviewed by (administrator): \_\_\_\_\_

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