Bullying/Harassment Reporting Form

This form is to be used to report a possible incident of bullying as defined by the School District of Indian River County Board Policy 5517.01 Prohibiting Bullying and Harassment.

A student, parent/guardian, employee, or an anonymous witness may use this form to report bullying/harassment and submit it to the Principal, or it can be placed in the schools designated reporting boxes located within the schools, Health Room, Guidance/Student Support Office, Library, or Main Office for anonymous reporting.

PLEASE PRINT or obtain a form from your school

Your name (optional): __________________________________________

School: ____________________________ Grade: ____________ Today’s Date: __________________

Name(s) of student(s) accused of bullying/harassment:

1. __________________________________________
2. __________________________________________
3. __________________________________________
4. __________________________________________

Is this the first time you have been bullied or harassed? □ NO □ YES

If NO, is the bullying by the same person(s) or a different person(s)? □ NO □ YES

If different please list student(s) Name: __________________________________________

Were any of these incidents previously reported? □ NO □ YES If YES, to whom: _________________

Where did the incidents happen (choose all that apply)

☐ On school property ☐ At a school-sponsored activity or event off of school property ☐ On the computer

☐ On a school bus ☐ On the way to/from school ☐ At the bus stop ☐ Other: __________

On what date(s) did the incidents happen? __________________________________________

Choose the statement(s) that best describes what happened (choose all that apply)

☐ Teasing ☐ Threat ☐ Stalking ☐ Theft ☐ Cyberbullying

☐ Social exclusion ☐ Intimidation ☐ Physical violence ☐ Public humiliation ☐ Other: __________

What did the alleged offender(s) say or do? Please describe in as much detail as possible (you may use additional paper if needed). __________________________________________

________________________________________________________________________________________

________________________________________________________________________________________
Were there any witnesses? □ YES  □ NO
If you answered YES, please provide in as much detail as possible their role in this incident (you may use additional paper if needed).  

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Signature of student/employee completing this form (optional): ___________________________ Date __________________

Thank you. This report will be followed up in a prompt manner. By completing this form, you are verifying that your statements are true and exact to the best of your knowledge. If you fear a student is in IMMEDIATE danger, please contact a trusted adult right away!

This space left blank if needed for continuing or additional information.

For Office Use Only

Date Received: ___________________________  

Received By: ___________________________