

# SAU 16 INITIAL BULLYING REPORT FORM (Draft)

Any school employee, designated volunteer or employee of a company under contract with the District who has witnessed, received a report of, or has reliable information that a student has been subject to bullying, cyberbullying, harassment, or retaliation shall report such incident to the appropriate school or facility Administrator or designee as soon as possible but no later than 24 hours (1 school day) after observing the incident or receiving the information. Oral reports must be recorded in writing using this form.

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## BULLYING, CYBERBULLYING, HARASSMENT AND RETALIATION INCIDENT REPORTING FORM

(See School Board policy JICK – Pupil Safety & Violence Prevention)

1. Name of Person Filing the Incident Report: \_\_\_\_\_ Grade \_\_\_\_\_  
(Note: Reports may be made anonymously, but no disciplinary action will be taken against an alleged aggressor solely on the basis of an anonymous report).

2. Check whether you are the: Target of the behavior    Reporter (not the target)   
Witness

3. Check whether you are a:  Student     Staff member (specify role)

\_\_\_\_\_

Parent     Administrator  
 Other (specify):

Your contact information/telephone number: \_\_\_\_\_

4. If staff member, state your school or work site: \_\_\_\_\_

5. Information about the incident:

Name of target(s): \_\_\_\_\_

Name of aggressor(s): \_\_\_\_\_

Date(s) of incident(s): \_\_\_\_\_

Time when incident(s) occurred: \_\_\_\_\_

Location of incident(s) (Be as specific as possible): \_\_\_\_\_

If Cyberbullying, what is the point of origin: \_\_\_\_\_

Was there any digital recording of the incident: \_\_\_\_\_

6. Witnesses (list people who saw the incident or have information about it.)

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

\_\_\_\_\_

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

\_\_\_\_\_

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7. Describe the details of the incident (including names of people involved, what occurred, and what each person did and said, including specific words used, evidence of imbalance of power, and any evidence of incident).

8. Is the victim concerned for his/her safety?(If no what do you need to feel safe?)

Signature of Person Filing this Report: \_\_\_\_\_ Date: \_\_\_\_\_

(Note: Reports may be filed anonymously).

Form Given to: \_\_\_\_\_ Position: \_\_\_\_\_ Date Received: \_\_\_\_\_

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

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