

INDEPENDENT SCHOOL DISTRICT NO. 547  
BULLYING REPORT AND INCIDENT FORM

This form is to be used to report alleged incidents of bullying.

Person reporting the incident \_\_\_\_\_

Home Address \_\_\_\_\_

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

Date of Alleged Incident(s) \_\_\_\_\_

Name of student victim(s): \_\_\_\_\_

| Name(s) of alleged offender(s) | Grade | School |
|--------------------------------|-------|--------|
| _____                          | _____ | _____  |
| _____                          | _____ | _____  |
| _____                          | _____ | _____  |

Describe the incident(s) of the alleged act(s) of bullying. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where and when did the incident(s) occur? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List any witnesses that were present \_\_\_\_\_

\_\_\_\_\_

This complaint is filed based on my honest belief that \_\_\_\_\_  
has bullied me or another person or group. I hereby certify that the information I have provided  
in this complaint is true, correct and complete to the best of my knowledge and belief.

\_\_\_\_\_  
(Complainant Signature)

\_\_\_\_\_  
(Date)

Received by \_\_\_\_\_

\_\_\_\_\_  
(Date)