

Indianapolis Public Schools

Bullying Report Form

This is a report that will result in an investigation of the situation. Please return to a teacher / school administrator, or place it in the Anonymous Bullying Report Box after completing.

Today's date: _____ School name: _____

Name of bully: _____

Name(s) of additional bully(ies): _____

Name of student(s) being bullied: _____

Classroom teacher(s) of student(s) being bullied: _____

Name(s) of student(s) who saw or heard about the bullying: _____

When did the bullying happen? _____

Where did the bullying happen? (Check all that apply.)

- Hallway Cafeteria On the Bus Bus Stop Online/email/text
 Playground Bathroom Neighborhood Classroom Going to/from school
 Other: _____

Type of bullying: (Check all that apply.)

- Called mean names Excluded (left out) Took or damaged something
 Threatened Hit, kicked, punched Told lies/spread rumors
 Wrote insulting notes Started Conflicts Made racial, sexual, or insulting comments
 Cyber bullied (online/email/text, etc.) Other: _____

What exactly did the bully(ies) do or say? (Use back if necessary.) _____

Who has been told about this incident of bullying or saw what happened? (Check all that apply.)

- Teacher Principal Friend/Students Parent/Guardian Assistant/Vice Principal
 Nobody Yet Bus Driver School Social Worker/School Counselor Other: _____

Was anyone hurt or injured? Yes No If yes, how? _____

Has this bullying incident happened before? Yes No If yes, how many times? _____

Have you filed a Bullying Report before? Yes No

Person completing this form:

- School Staff Member: _____ Volunteer: _____
 Parent: _____ Bus Driver: _____
 Student (name helpful, but not necessary): _____