

Friendship PCS Bullying Incident Report

Personal Information

1. [Optional] Name of person filing the report: _____
Please note that a report of bullying may be made anonymously. However, no disciplinary action will be taken solely in response to an anonymous report. The report may be the basis for an investigation that supplies additional information needed to undertake disciplinary action.

2. You are the:
 - a. Victim of this behavior: _____
 - b. Witness to an incident: _____

3. You are a:
 - a. Youth: _____
 - b. Parent/Guardian: _____
 - c. Staff member (please specify): _____
 - d. Other (please specify): _____

4. [Optional] Your contact Information:
 - a. Phone: _____
 - b. Email: _____

Incident Information

Name(s) of victim: _____

Name(s) of bully: _____

Date and Time of Incident

Date: __/__/__

Time: __:__ AM/PM

Type of Aggression

Please check all that apply to this incident

- Verbal _____
- Physical _____
- Written _____
- Cyberbullying _____
- Relational _____

Location of Incident¹

Please check all that apply to this incident

- Classroom _____
- Hallways _____
- Playground _____
- Bathrooms _____
- Locker Room _____
- On the Way to School _____
- Other Campus Location (specify): _____

- Off Campus Location (Cyber Bullying) _____
- Off-Campus Location (Verbal/Physical- specify): _____

Witnesses (Please list people who have information about the incident)

Name: _____ Student: _____ Staff: _____ Other (specify): _____
Name: _____ Student: _____ Staff: _____ Other (specify): _____
Name: _____ Student: _____ Staff: _____ Other (specify): _____

Context
