

BULLYING
(Bullying Incident Report Form for Use by Parents, Students and Community Members)

Reporter (Person Filing the Report)

Date Filed:

Name:

Address:

Phone Number: _____ E-mail:

Relationship to the student being bullied (*parent/guardian, fellow student, community member, etc.*):

I prefer to remain anonymous. (*The district will investigate all allegations of bullying, but it is more difficult to follow up on anonymous reports.*)

Bullying frequently involves repeated behavior. If you have witnessed or have knowledge of more than one incident, please provide information on all incidents. Please feel free to use multiple forms or attach additional pages if necessary to report all related incidents.

Did you witness this incident? Yes No

If no, provide the specific information as to how you found out about this incident:

Details of Incident

1. Date and time the incident took place: Date: _____ Time: _____
(*If the exact date and time are uncertain, provide an approximate date and time.*)

2. Where did the incident take place? (*Be as specific as possible. For example, instead of "the middle school," specify "the sixth-grade section men's bathroom at the middle school."*)

FILE: JFCF-AF2
Critical

3. Please provide as much of the following information as possible for each student who was the target of the bullying:

Name of Targeted Student Grade
Level
School of Attendance

Name of Targeted Student Grade
Level
School of Attendance

Name of Targeted Student Grade
Level
School of Attendance

Name of Targeted Student Grade
Level
School of Attendance

Name of Targeted Student Grade
Level
School of Attendance

4. Please provide as much of the following information as possible for each student who was engaging in the bullying behavior:

Name of Subject of Report Grade Level
School
of Attendance

Name of Subject of Report Grade Level
School
of Attendance

Name of Subject of Report Grade Level
School
of Attendance

FILE: JFCF-AF2
Critical

images of a minor, please do NOT copy, download or further distribute the images! Instead, show the evidence to the principal immediately so that appropriate action can be taken.

A copy of this form should be submitted to:

Title: Principal, Carol Laboube

Address: 3128 Hwy Y, New Haven MO 63068

E-mail: claboube@fcr2.org Fax: (573) 237-4838

You may also provide information over the phone: (573) 237-2414

Once received, this form will be forwarded to the appropriate staff member for further action.

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