



# BC STUDENT BULLYING REPORT FORM

**Instructions:**

Please complete **both** pages, responding only to the questions that you feel comfortable answering and are able to accurately answer. You may choose to include your name at the bottom of the form or may submit it anonymously. Please note that the district's ability investigate an anonymous complaint may be limited, and the District prohibits retaliation against anyone who files a bullying report.

Describe what happened/what is happening:

[Blue text area for describing the incident]

When did it happen?

- Before school
- During school
- After school
- Unsure

Date:

[Blue text area for date]

Time:

[Blue text area for time]

- am
- pm

Where did it happen?

- In the school building (list specific room): [Blue text area]
- On the school playground
- In the school parking lot
- On the school bus
- Online

At a school event (list specific event):

[Blue text area for school event]

Other (please specify):

[Blue text area for other location]

- Unsure

Who was committing the bullying (if you don't know the bully's name(s) describe him/her?)

[Blue text area for bully's name]

Who was the victim of the bullying (if you don't know his/her name, describe him/her?)

[Blue text area for victim's name]

Did anyone else witness the bullying (if yes, please list)?

- Yes
- No
- Unsure

[Blue text area for witnesses]

Were you or others physically hurt (please explain)?

- Yes
- No
- Unsure

[Blue text area for physical harm]

Was there damage to anyone's personal property?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
Have you or the victim missed any school or made any changes to your daily routine as a result of the incident(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
Have you told anyone about the bullying?	<input type="checkbox"/> Parent <input type="checkbox"/> Babysitter <input type="checkbox"/> Brother/sister <input type="checkbox"/> Other family member:	<input type="checkbox"/> Teacher <input type="checkbox"/> Other school staff: <input type="checkbox"/> Other:
Have you previously filed a bullying report (this information is used to determine if retaliation is occurring)?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Your name:		
Your grade and age:		
How can we contact you?	<input type="checkbox"/> Phone:	
	<input type="checkbox"/> Email:	
	<input type="checkbox"/> Other:	

**Remember to hit "save" before closing this form.** Please print the form and return it to any school staff member, the main office or place it in the bullying report drop box.