

# Bullying Report Form

**Braham Area School District**

This form is to be confidentially maintained in accordance with the Family Educational Rights and Privacy Act (FEPPRA), 20 U.S.C. 1232g.

Today's date and time: \_\_\_\_\_

Name of staff: \_\_\_\_\_

Name of person making report: \_\_\_\_\_

Reporters contact info if not a student (phone/email): \_\_\_\_\_

Date and time of alleged incident: \_\_\_\_\_

Location: \_\_\_\_\_

Relationship to victim (self/parent/teacher/etc.): \_\_\_\_\_

Name of alleged victim (age & grade): \_\_\_\_\_

Name of alleged individual with bullying behavior (age & grade): \_\_\_\_\_

Name and age of witnesses: \_\_\_\_\_

How many times has it happened?  1  2  3-5  5+

Where it happened?

classroom  recess  lunchroom  hall  bus

to/from school  internet  bus stop  other \_\_\_\_\_

What happened? (check all that apply):

taunting  physical contact  gossip/rumors  stalking

threatening/intimidating  online harassment  inappropriate gesture

weapon  name calling  other \_\_\_\_\_

Describe bullying behavior: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did alleged victim miss school as a result of the incident?  Yes  No \_\_\_ #of days

Have psychological services been sought for victim?  Yes  No

Was there an imbalance of power?  Yes  No

Explain \_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_