Calhoun County School District
Bullying or Harassment Reporting Form

Any student, parent, or employee can report bullying or harassment by talking to an administrator or completing this form and returning it to an assistant principal or principal. <u>For anonymous reporting, this form can be placed in the school's designated drop off spot or faxed to 850-674-5814.</u>

PLEASE PRINT

			School	Grade
Victim's Name (First and Last)				
Alleged Bully's Name(s) (First and Last)				
Witness Name (First and Last)				
Witness Name (First and Last)				
Date of Incident(s)	Time of Incident(s)	Frequency of Incident(s)		
Is this the first time you have been bullied or harassed? ☐ Yes ☐ No	If NO, is the bullying by the same person(s) or a different person? ☐ Same Person ☐ Different Person	Were any of these incidents previously reported? ☐ No ☐ Yes To Whom? _____		
Where did the incidents happen (choose all that apply) ☐ At school ☐ At a school-sponsored activity or event off of school property ☐ On a school bus ☐ At the bus stop ☐ On the way to or from school ☐ On the computer, email, text, phone ☐ Other _____				
Choose the statement(s) that best describes what happened (choose all that apply) ☐ Teasing ☐ Threat ☐ Stalking ☐Theft ☐Intimidation ☐Physical Violence ☐ Social Exclusion ☐ Public Humiliation ☐Sexual, religious, or racial harassment ☐Destruction of Property ☐ Spreading False Rumors ☐ Cyberstalking or Cyberbullying ☐ Other _____				
Describe what happened				
If witnesses are involved, describe their role in this incident				

Signature of student/employee completing this form **(optional)**:_____Date_____

Thank you. This report will be followed up in a prompt manner.
By completing this form, you are verifying that your statements are true and exact to the best of your knowledge.
If you fear a student is in IMMEDIATE danger, please contact a trusted adult right away!

For Office Use Only

Date Received:	
Received By:	