



WILLISTON
PUBLIC SCHOOL DISTRICT #1

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 to 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:

When did it happen?

Before School

Date:

During School

Time:

After School

Unsure

Where did it happen?

In the school building (list specific room):

On the school playground

At a school event (list specific event):

In the school parking lot

On the school bus

Other (please specify):

Online

Unsure

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

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

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

Yes

No

Unsure

Were you or others physically hurt? (please explain)

Yes

No

Unsure

Was there damage to anyone's personal property?

Yes

No

Unsure

Have you or the victim missed any school or made any changes to your daily routine as a result of the incident(s)?

Yes

No

Unsure

Have you told anyone about the bullying?

Parent

Teacher

Babysitter

Other school staff:

Brother/sister

Other:

Other family member:

Have you previously filed a bullying report (this information is used to determine if retaliation is occurring?)

Yes

No

Your name:

Your grade and age:

How can we contact you?

Phone

Email

Other

Remember to hit "save" before closing this form. Please print the form and return it to any school staff member or the main office.