

REGION TWO SCHOOL OF APPLIED TECHNOLOGY

File: JICK-E1

BULLYING AND CYBERBULLYING REPORTING FORM

Bullying or suspected bullying is reportable in person or in writing (including anonymously) to any staff member. Upon completion of this form, submit to the administrative office.

Date the alleged incident of bullying is being reported: _____

Person(s) reporting the alleged incident of bullying: _____

Person(s) completing this form: _____

Person reporting is (circle one): student parent grandparent guardian
school staff Other: _____

Contact information of person reporting (optional):

Home or work phone: _____ Cell Phone: _____

Email: _____

Home address: _____

Details

Name of student(s) who is believed to have been bullied:

Name of student(s) or adult(s) who is alleged to have bullied:

Date: _____

Time of incident: _____

Location of incident: _____

Were there any witnesses (circle one): yes no

May the Director contact the witnesses (circle one): yes no

If yes, please provide names of witnesses to be contacted:

Please provide a description of the incident and include any supporting documentation:

(Use additional pages if necessary)

I agree that the information on this form is accurate and true to the best of my knowledge and belief.

_____ Date: _____
Signature of person reporting (optional)

Received by: _____ Date: _____
Title: _____

Copy to Director on: _____
Date

Copy received by Director: _____ Date: _____
Signature of Director