Sample Bullying Report Form – High School Version

This document is provided as a courtesy for use by schools. Organizations are responsible for ensuring its accessibility for their end-users.

General Statement of Policy Prohibiting Bullying
Bullying is a serious issue and will not be tolerated. Use this form to report bullying that occurred on school property; at a school-sponsored activity or event off school property; on a school bus; on the way to and/or from school; on social media or through text message, during the current school year. If you are a student or a friend of student who is getting bullied and wish to report an incident of bullying, complete this form and return it to a teacher or the office.

Reporter Contact Information
Reports can be made anonymously.
(Please note: Discipline decisions cannot be made solely on anonymous reports.)

Name (optional): ___________________________ Date: _______________

I am (choose one):
Student _____ Parent/Guardian _____ Staff Member _____ Other _____

Phone number (optional): ___________________________

Email address (optional): ___________________________

Incident Information
Student Who Was Harmed: ___________________________ Grade: _________

Student(s) Who Did Harm: ___________________________

Date and time of incident: ___________________________

Location: ___________________________

Nature of Bullying Being Reported (check all that apply):

_____ Physical
Acts such as hitting, spitting, kicking, or damaging your or another student’s possessions

_____ Verbal
Saying mean or hurtful things or threatening you or another student

_____ Social
Excluding a you or a student from a group, telling peers not to talk to you or another student

_____ Emotional
Spreading mean rumors or lies about someone

_____ Cyber/Online
Occurs on website or social media, by cell phone, email or text message

_____ Other:
(Please describe)
Did the bullying include mean comments about you or other students?

- Physical Appearance
- Gender or Gender Expression
- Academic Performance
- Religious or Cultural Beliefs
- Race/Ethnicity or Perceived Race/Ethnicity
- Sexual Orientation or Perceived Sexual Orientation

Please give any other details about the incident that you feel are important. Attach additional pages if necessary (Please include your name and date on each page).

Enter details here; page will expand to fit your answer.

Did you witness the event?  

- Yes
- No

Name(s) of Witness (including adults, if any):

Enter names of witnesses here; page will expand to fit your answer.

I am submitting this form based on my belief that [enter name of the other student here] bullied me or another person. I am reporting this because I am concerned and I want the situation to be better in the future.

Signature:  

Reviewed by:  Date: