



# Bullying or Harassment Reporting Form

## Middle and High School and Employee

This form should be used to report a possible incident of bullying as defined in the St. Johns County School District's Policy Prohibiting Bullying and Harassment.

**Any student can report bullying or harassment by talking to an administrator or completing this form and returning it to an assistant principal or principal. This form can be placed in the school's designated drop off spot for anonymous reporting.**

### PLEASE PRINT

Your name (optional): \_\_\_\_\_

School: \_\_\_\_\_

Name(s) of student(s) accused of bullying and/or harassment: \_\_\_\_\_

\_\_\_\_\_

Where did the incidents happen (choose all that apply)

- On school property     
  At a school-sponsored activity or event off of school property     
  On the computer  
 On a school bus     
  On the way to/from school     
  At the bus stop     
  Other: \_\_\_\_\_

On what dates did the incidents happen? \_\_\_\_\_

Choose the statement(s) that best describes what happened (choose all that apply)

- Teasing     
  Threat     
  Stalking     
  Theft     
  Cyberbullying  
 Social exclusion     
  Intimidation     
  Physical violence     
  Public humiliation     
  Other: \_\_\_\_\_

What did the alleged offender(s) say or do? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

<b>Date Received:</b>	
<b>Received By:</b>	