

**MARION COMMUNITY SCHOOLS
STUDENT WITNESS BULLYING REPORT FORM**

BUILDING: _____

Person Reporting Bullying _____ **I'd like this report to be anonymous**

Today's date _____ **Classroom Teacher** (of person being bullied) _____

When did the bullying happen? _____

Who do you think was bullied? _____

What **Grade**? _____

Who do you think was bullying? _____

What **Grade**? _____

Type of Bullying (check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Called mean names | <input type="checkbox"/> Excluded (left out) | <input type="checkbox"/> Took or damaged something |
| <input type="checkbox"/> Threatened | <input type="checkbox"/> Hit, kicked, punched | <input type="checkbox"/> Told lies/spread rumors |
| <input type="checkbox"/> Cyber-bullying (online/email/text, etc) <input type="checkbox"/> Racial/offensive comments | | |

Where did the bullying happen? (check all that apply)

- | | | | | |
|-------------------------------------|------------------------------------|---|--|------------------------------------|
| <input type="checkbox"/> Hallway | <input type="checkbox"/> Cafeteria | <input type="checkbox"/> On the Bus | <input type="checkbox"/> Bus Stop | <input type="checkbox"/> Classroom |
| <input type="checkbox"/> Playground | <input type="checkbox"/> Bathroom | <input type="checkbox"/> Going to/from school | <input type="checkbox"/> Online/email/text | |

Is this the first time that this has occurred? Yes No

Have you filed a Student Bullying Report before? Yes No

Who has been told about the incident or saw what happened? (Check all that apply)

- | | | | |
|--|------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Teacher | <input type="checkbox"/> Principal | <input type="checkbox"/> Friend | <input type="checkbox"/> Parent/Guardian |
| <input type="checkbox"/> Assistant Principal | <input type="checkbox"/> Students | <input type="checkbox"/> Counselor | <input type="checkbox"/> Nobody Yet |

Any other information that you would like to share:

Please give this form to your counselor, teacher or to another staff member. Thank you for making this report.