



# LEVITTOWN PUBLIC SCHOOLS

## Student Bullying Report Form



# STOP BULLYING

**Instructions:**

Please complete **both** pages, responding only to the questions that you feel comfortable answering and are able to accurately answer. Please include your name at the bottom of the form; the District's ability to investigate an anonymous complaint is limited.

Date of Submission: \_\_\_\_\_

Describe what happened/what is happening:

When did it happen?

- Before school
- During school
- After school
- Unsure

Date: \_\_\_\_\_

Time: \_\_\_\_\_

AM  PM

Where did it happen?  School building (list specific room):

- On the school playground
- In the school parking lot
- On the school bus
- Online

At a school event (list specific event):

Other (please specify):

Unsure

Who was committing the bullying (if you don't know his/her name, 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 (if yes, please list)?

- Yes
- No
- Unsure

Was there damage to anyone's personal property? Explain what was damaged.

- Yes
- No
- Unsure

Have you or the victim missed any school or made any changes to your daily routines as a

- Yes
- No
- Unsure

Have you told anyone about the bullying?

- Parent
  - Babysitter
  - Brother/Sister
  - Other family member:
- Teacher
  - Other school staff:

Other:

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: \_\_\_\_\_