

Students

Exhibit - Report Form for Bullying and School Violence

To be completed by the bullying target, witness, or person with information about an incident of bullying or school violence and submitted to the Building Principal's office. Make readily accessible via website(s) and other publicized designated areas in schools.

Please print and check appropriate boxes.

Name: _____ Date: _____
 Student Parent Staff Other _____

Indicate here if you prefer to remain anonymous. Yes No

Are you the target of the bullying or school violence that you are reporting? Yes No

Date of incident: _____ Time of incident: _____

Person(s) being reported as targets of bullying or school violence:

Name: _____ Student Staff
Name: _____ Student Staff
Name: _____ Student Staff

Person(s) being reported as aggressors engaged in bullying or school violence:

Name: _____ Student Staff Other
Name: _____ Student Staff Other
Name: _____ Student Staff Other

Person(s) who witnessed the bullying or school violence:

Name: _____ Student Staff Other
Name: _____ Student Staff Other
Name: _____ Student Staff Other

Was the incident based on any of these characteristics? (Check all that apply.)

- | | | |
|--|---|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> Color | <input type="checkbox"/> Nationality |
| <input type="checkbox"/> Sex | <input type="checkbox"/> Sexual orientation | <input type="checkbox"/> Gender identity |
| <input type="checkbox"/> Gender-related identity | <input type="checkbox"/> Gender-related expression | <input type="checkbox"/> Ancestry |
| <input type="checkbox"/> Age | <input type="checkbox"/> Religion | <input type="checkbox"/> Physical disability |
| <input type="checkbox"/> Mental disability | <input type="checkbox"/> Order of protection status | <input type="checkbox"/> Homeless status |

- Marital status Parental status Pregnancy
 Associated with person/group with one or more of the above actual or perceived characteristics
 Other _____
 I do not know.

Student(s) were targeted for bullying in the following way(s): (Check all that apply.)

- Electronic devices (e.g., internet, Social media platforms, text, email, cyberbullying, etc.)
 Written communication (e.g., handwritten notes, other written documents, email, etc.)
 Physical act or conduct (e.g., pushing, hitting, destruction of property, stalking, etc.)
 Verbal act or conduct (e.g., rumors, lies, name-calling, using derogatory slurs, etc.)
 Social (e.g., purposeful exclusion, causing psychological harm, etc.)
 Items depicting implied hatred or prejudice were worn, possessed or displayed
 Other (*please explain*): _____

Student(s) were targeted for bullying in the following place(s): (Check all that apply.)

- Classroom Locker room
 Hallway Extracurricular activity
 Cafeteria Bus
 Restroom Bus stop
 Gym School or related activity or event
 Other _____

Please tell us about the incident in your own words. Use as much detail as possible - what time did the incident(s) take place, who witnessed it, what was said, what types of interactions occurred (physical, written, social, electronic, etc.)

- The above information is true and accurate to the best of my knowledge.

Signature: _____ Date: _____