

# Marlin High School Bullying Report

## 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?

- |   |  |
|---|--|
| <input type="checkbox"/> Physical Appearance                                | <input type="checkbox"/> Gender or Gender Expression   |
| <input type="checkbox"/> Academic Performance                               | <input type="checkbox"/> Religious or Cultural Beliefs |
| <input type="checkbox"/> Race/Ethnicity or Perceived Race/Ethnicity         |  |
| <input type="checkbox"/> 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).

Did you witness the event?  Yes  No

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

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: \_\_\_\_\_