**VERNON PUBLIC SCHOOLS**

# Suspected Bullying Incident Report Form

This report **MUST** be completed to document an incident of suspected bullying (*refer to Vernon Board of Education Policy #5131.911)* and turned into the school Principal/designee.

**TODAY’S DATE:**

**SCHOOL NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME OF STUDENT VICTIM:**

**NAME OF ALLEGED OFFENDER:**

**PERSON COMPLETING THIS FORM:**

(write anonymous if you’d like to report the information anonymously)

**CONTACT INFORMATION (EMAIL/PHONE #):**

**PRINCIPAL/ASSISTANT PRINCIPAL OF VICTIM:**

**DATES OF INCIDENTS:**

1. Describe the location where the incidents took place. Please be as specific as possible. For example, “between blocks 2 and 3, just outside the door of room 129.”
2. Describe, in as much detail as possible, what happened:

02‐13‐12

1. List all witness names and grades:
2. List evidence of bullying if any (i.e., electronic communications, photos, etc. – attach evidence if possible):

# Be sure to attach any supporting documentation/evidence/investigation.

**I agree that all of the information on this form is accurate and true to the best of my knowledge.**

Signature of person submitting form unless reporting anonymously Date

Name of person receiving Bullying Complaint Form Date

***Thank You. This report will be followed up within two school/work days.***

03/06/2018