GRACE
Christian College

Student Bullying Report Form

Incident No

Please complete this form, responding only to the questions you feel comfortable with and are able to accurately answer. You may choose to include your name at the bottom of the form or may submit it anonymously

Describe what happened or is happening?

When did it happen?		
⚪ Before School	⚪ During School	⚪ After School
⚪⚪ Unsure	Date	Time ☐am ☐pm

Where did it happen?			
⚪ In a school building	List Specific Room		
⚪ At a school event	List Specific Event		
⚪ Other	Please specify		
⚪ In the playground	⚪ On the school bus	⚪ Online	⚪ Unsure

Who was committing the bullying? If you don't know his or her name, please describe him or her.

Who was the victim of the bullying? If you don't know his or her name, please describe him or her.

Did anyone else witness the bullying. If yes, please list their names.		
⚪ Yes ⚪ No ⚪ Unsure	Name of witness	Name of witness

Were you or others physically hurt [please explain]?	
⚪Yes ⚪ No ⚪ Unsure	

Was there damage to anyone's personal property? If so, please describe.	
⚪ Yes ⚪ No ⚪ Unsure	

Have you told anyone about the bullying?		
⚪ Parent	⚪ Teacher	⚪ Other School Staff
⚪ Brother/sister	⚪ Before School	⚪ Before School
⚪ Other family member	⚪ Baby sitter	⚪ Other
Name of persons you reported to:	1	2

Have you previously filed a bullying report [information used to determine if retaliation is occurring]?	⚪ Yes ⚪ No

Your details		
Name of Person Reporting	**Telephone**	**Email**

Teachers Report

Signature		Date

Principals Action

Signature		Date