

GENOA-KINGSTON CUSD 424  
Bullying Report Form

**Instruction:** Please complete form as detailed as possible. You may respond only to the questions that you feel comfortable answering and are able to accurately answer. You may choose to include your name at the bottom of the form or submit it anonymously. **Please note that an anonymous complaint or lack of information limits the administration's ability to investigate the bullying report.**

Definition of Bullying: In order to consider bullying, the behavior must be:

1. An imbalance of Power: such as physical strength and/or access to embarrassing information.
2. **REPETITION:** Bullying behaviors happen **MORE THAN ONCE.**

FORM

Date of Report:

Alleged Student Bully(ies):

Grade:

Grade:

Grade:

Alleged Student Target(s):

Grade:

Grade:

Grade:

Type of Bullying:

Verbal

Cyber

Physical

Other: \_\_\_\_\_

Bullying Behavior: (Check all that apply)

Shoved/Pushed

Hit/Kicked/Punched

Threatened

Stole/Damaged Possessions

Excluded

Taunting/ridiculing

Cyber

Inappropriate Touching

Racial

Other: \_\_\_\_\_

Described what happened in detail:

How long has this been happening? (Be specific)

Where did this happen?

Hallway

Locker Room

Restroom

Class Room

Lunch Room/Commons

Bus

Bus Stop

Parking Lot

Gym

Other: \_\_\_\_\_

What did you do when it happened?

Witnesses (adults and/or students) who might have observed this incident.

Who have you reported this to? (Check all that apply)

No One

Parent(s)

Friend

Counselor

Administrator

Teacher

Bus Drive

Other (name)\_\_\_\_\_

Your Name:

Date:

Submit