

(optional): _____

Targeted student: _____

Your email address (optional): _____

Your phone number (optional): _____ **Today's date:** _____

Name of school adult you've already contacted (if any): _____

Name(s) of suspected bullies (if known): _____

On what dates did the alleged incident(s) happen (if known): _____

Where did the alleged incident happen? Circle all that apply.

Classroom Hallway Restroom Playground Locker room Lunchroom Sport field

Parking lot School bus Internet Cell phone During a school activity

Off school property On the way to/from school

Other (Please describe.) _____

Please check the box that best describes what the suspected bully did. Please choose all that apply.

- Hitting, kicking, shoving, spitting, hair pulling or throwing something at the student
- Getting another person to hit or harm the student
- Teasing, name calling, making critical remarks or threatening in person, by phone, by e-mail, etc.
- Putting the student down and making the student a target of jokes
- Making rude and/or threatening gestures
- Excluding or rejecting the student
- Making the student fearful, demanding money or exploiting
- Spreading harmful rumors or gossip



- Cyber bullying (bullying by calling, texting, emailing, web posting, etc.)
- Other

If you select other, please describe:

Why do you think the alleged harassment, intimidation or bullying occurred?

Were there any witnesses? Yes No If yes, please provide their names:

Did a physical injury result from this incident? If yes, please describe.

Was the targeted child absent from school as a result of the alleged incident? Yes No
If yes, please describe:

Is there any additional information?

Thank you for reporting! Please return to District Office, Bellingham Public Schools

-----**For Office Use**-----

Received by: _____

Date received: _____

Action taken: _____

Parent/guardian contacted: _____

Circle one: Resolved Unresolved

Referred to: _____