

## **Bullying Report Form**

### **Instructions**

Complete the form below with as much information as possible. If you need assistance completing this form, contact the technology center's bullying coordinator, Dr. DeAnna Little. Return the completed form to the Dr. Little.

Anonymous reports will be investigated to the best of the technology center's ability, but full information allows the district to conduct a more thorough inquiry. No individual will be retaliated against for filing a good faith bullying report.

### **Individual Making the Report**

Name: \_\_\_\_\_ Report Date: \_\_\_\_\_  
Campus Site: \_\_\_\_\_  
Program/ Job Title: \_\_\_\_\_  
Contact Numbers: \_\_\_\_\_

### **Incident Information:**

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_  
Location of Incident: \_\_\_\_\_  
Describe Incident: *Use additional pages as necessary, and attach any relevant documents*

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

The information in this report is true and correct to the best of my knowledge. I understand that the technology center will not tolerate retaliation for filing a good-faith report of bullying. I also understand that if I knowingly file a false report of bullying, I may face disciplinary consequences.

\_\_\_\_\_  
Reporter's Signature

\_\_\_\_\_  
Date