

Suspected School Bullying Incident Report					
Reporter Information		Name	Address for Document Delivery		
		Reporting Date	Contact phone number	Relationship with the Alleged Perpetrator:	
				<input type="checkbox"/> Involved Party <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Primary Caregiver <input type="checkbox"/> Other _____	
Alleged Perpetrator Information		Name	School	Class	
Report Details	Alleged Offender	Name	School	Class	
		Name	School	Class	
		Name	School	Class	
		Name	School	Class	
	Incident Description	Is there any suspected sexual harassment or similar situation?		<input type="checkbox"/> No <input type="checkbox"/> Yes, to be handled in accordance with the Gender Equity Education Act	
		Please describe the facts in detail (people involved, events, time, location, objects, etc.). (If the space provided is insufficient, you may attach additional pages.)			

		Are there any attached pieces of evidence?	<input type="checkbox"/> No <input type="checkbox"/> Yes, attached:		
Reporter's Signature		School Recipient		Receipt Time	
Notes	School Safety Notification Number: _____ (to be filled after reporting)				

Coordinator:

Supervisor:

Principal: