

Diocese of Jefferson City Catholic Schools Bullying Report Form

Date of Incident:

Time of Incident:

Location of Incident:

Repeat of prior bullying behavior?: Yes _____ / No _____

Name of person or persons who may be the victim of bullying:

Name of person or persons who may have engaged in bullying behavior:

Description of the Incident (including what occurred and specific words used):

If you have knowledge of repeated bullying behavior or more than one Incident, please provide information for all Incidents. Please feel free to use more than one form, or additional paper.

Name of witness to the Incident (list people who saw the Incident or may have information about the Incident):

How did you learn about the Incident?

Is there any other information that you believe is important regarding this Incident?

I agree that the information on this form is accurate and truthful, to the best of my knowledge.

Reported by:

Today's Date:

(Reports may be made anonymously, but no disciplinary action against a person alleged to have engaged in bullying behavior will be administered on the basis of an anonymous report.)

Signature:

Phone Number:

Email:

Form provided to:

Position:

Date: