



**SOLEN PUBLIC SCHOOL
DISTRICT #3**

Bullying Report Form

The person reporting the bullying incident has the option of including his or her name on this form OR submitting the form anonymously. Anonymous reports are more difficult to investigate.

Please answer all sections that apply and return the form to the principal/supervisor at the building where the bullying event occurred. Thank you for helping to keep our school safe!

- Are you a: student parent friend school staff witness
- Your name (optional):
- Location in the school where the incident occurred:
- Date and time of the incident:
- Person or persons doing the bullying:
- Name/grade of the person who was the victim, if not you:
- If you were not the victim, how did you learn about the alleged bullying incident:
- Describe what took place, such as the type of bullying (verbal, written, or online), and any other important information:
- Name/names of anyone else who witnessed the incident:



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This report is filed based on my honest belief that _____ has
bullied or was violent to another person or to me. I certify this information is true and complete to the best
of my knowledge

Signature of person making referral

Date of Report

Received by

Date