

Cicero School District 99

Report Form for Bullying and School Violence

To be completed by a staff member with the assistance of the bullying target, witness, or person with information about an incident of bullying or school violence and submitted to the Building Principal's office.

Please print and check appropriate box(es).

Name of Person Reporting the Incident _____

Student Parent Staff Other _____

Are you the target of the bullying or school violence that you are reporting? Yes No

Date of incident: _____ Time of incident: _____

Person(s) being reported as targets of bullying or school violence:

Name: _____ Student Staff

Name: _____ Student Staff

Name: _____ Student Staff

Person(s) being reported as aggressors engaged in bullying or school violence:

Name: _____ Student Staff Other

Name: _____ Student Staff Other

Name: _____ Student Staff Other

Person(s) who witnessed the bullying or school violence:

Name: _____ Student Staff Other

Name: _____ Student Staff Other

Name: _____ Student Staff Other

Student(s) were targeted for bullying in the following way(s): (Check all that apply.)

Electronic devices (e.g., internet, Social media platforms, text, email, cyberbullying, etc.)

Written communication (e.g., handwritten notes, other written documents, email, etc.)

Physical act or conduct (e.g., pushing, hitting, destruction of property, stalking, etc.)

Verbal act or conduct (e.g., rumors, lies, name-calling, using derogatory slurs, etc.)

Social (e.g., purposeful exclusion, causing psychological harm, etc.)

Items depicting implied hatred or prejudice were worn, possessed or displayed

Other (*please explain*): _____

Student(s) were targeted for bullying in the following place(s): (Check all that apply.)

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Locker room |
| <input type="checkbox"/> Hallway | <input type="checkbox"/> Extracurricular activity |
| <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Bus |
| <input type="checkbox"/> Restroom | <input type="checkbox"/> Bus stop |
| <input type="checkbox"/> Gym | <input type="checkbox"/> School or related activity or event |
| <input type="checkbox"/> Other _____ | |

Please tell us about the incident in your own words. Use as much detail as possible - what time did the incident(s) take place, who witnessed it, what was said, what types of interactions occurred (physical, written, social, electronic, etc.)

The above information is true and accurate to the best of my knowledge.

Signature of Person Reporting the Incident _____

Printed Name _____ Date _____

Name of Person Completing the Report _____

Additional Notes: