



Springfield Public Schools
BULLYING INCIDENT REPORT

1. Name of reporter/person filing the report _____
(Note: Reports may be made anonymously, but no disciplinary action will be taken against an alleged bully solely on the basis of an anonymous report.)

2. Check whether you are the: One being bullied Reporter for someone else being bullied

3. Check whether you are a Student Staff member (specify role) _____

Parent Administrator Other (specify) _____

4. Information about the incident:

Name of person being bullied: _____

Where student enrolled or staff member attending/working: _____

Name of bully (person who engaged in the behavior): _____

Date(s) of incident(s): _____

Time when incident(s) occurred: _____

Location of incident(s) (specific as possible): _____

5. Witness(es) (List people who saw the incident or have information about it):

Name: _____ Student Staff Other _____

Name: _____ Student Staff Other _____

Name: _____ Student Staff Other _____

6. Describe the details of the incident (including names of people involved, what occurred, and what each person did and said, including specific words used). Please use additional space on back if necessary.

Signature of person filing report:

Date: _____

