

North Harrison Middle School

Parent Report Form for Student Bullying Incident

Date of incident _____ Time of incident _____

Were you a witness? _____ yes _____ no

Date and time this incident was reported to you: Date _____ Time _____

Name of person who reported this to you:

1. Brief description of incident with names of those involved, if known, including bystanders:

(use the back of this page if you need more room to explain the incident.)

2. How would you label the bullying incident? You may need to check more than one:

_____ verbal bullying _____ physical bullying _____ emotional
bullying
_____ racial/ethnic bullying _____ sexual bullying _____ cyber bullying

3. Was the bullying behavior you are reporting _____ direct or _____ indirect

4. The principal or counselor will question the students you have listed in question #1 above.

5. Return this form to the school principal's office as soon as possible. Thank you for reporting this to school officials. Please list a daytime phone number where you can be reached if we have further questions about the incident you are reporting.

Daytime phone number _____

Parent Signature _____ **Date** _____

Administrator's follow-up (for office use only):
