



**Twin Rivers Unified School District
Suspected Bullying Report- CONFIDENTIAL**

**Complete this form if you have credible information regarding a bullying incident.
Please forward to the site administrator *immediately*.**

Person reporting alleged incident: _____ OR Anonymous reporter

Name/Title: _____

Phone: _____ Date: _____

Date of Incident(s): _____ School: _____

Name of Student Targeted: _____ - _____ Grade: _____

Name of Student Aggressor(s): _____ Grade: _____

_____ Grade: _____

Place an X next to the statement(s) that best describes what happened (choose all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Hitting | <input type="checkbox"/> Spreading Rumors |
| <input type="checkbox"/> Shoving | <input type="checkbox"/> Internet Posting |
| <input type="checkbox"/> Kicking | <input type="checkbox"/> Electronic Messaging |
| <input type="checkbox"/> Name-Calling | <input type="checkbox"/> Slam Book |
| <input type="checkbox"/> Taking Property | <input type="checkbox"/> Exclusion |
| <input type="checkbox"/> Destroying Property | <input type="checkbox"/> Social Cruelty (LIST): |
| <input type="checkbox"/> Other Physical Act (LIST): | _____ |
| _____ | |

Where did this incident take place?:

- | | |
|--|--|
| <input type="checkbox"/> Bus stop | <input type="checkbox"/> Cafeteria |
| <input type="checkbox"/> Bus | <input type="checkbox"/> Classroom |
| <input type="checkbox"/> Playground/Athletic Field | <input type="checkbox"/> Locker Room |
| <input type="checkbox"/> Other (LIST): _____ | <input type="checkbox"/> On the way to/from school |

When did this incident take place?

Date/Time: _____

Date/Time: _____

Date/Time: _____

Briefly describe sequentially what occurred (use additional paper as needed):

Person completing form, if not anonymous:

Name/Title: _____ Phone: _____

Signature: _____ Date: _____