



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):

- Hitting, Spreading Rumors, Shoving, Internet Posting, Kicking, Electronic Messaging, Name-Calling, Slam Book, Taking Property, Exclusion, Destroying Property, Social Cruelty (LIST), Other Physical Act (LIST)

Where did this incident take place?:

- Bus stop, Cafeteria, Bus, Classroom, Playground/Athletic Field, Locker Room, Other (LIST), 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):

Blank lines for describing the incident.

Person completing form, if not anonymous:

Name/Title: Phone:

Signature: Date: