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: _______

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):

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Person completing form, if not anonymous:

Name/Title: ________________________________ Phone: __________________

Signature: ________________________________ Date: __________________

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