

APPENDIX 1 - REPORT FORM FOR BULLYING AND VIOLENCE

Date: _____

Reporter: _____

I am a/an: (Please tick the appropriate box)

Student Parent/Guardian Staff Intern Guest Contact

Phone number, email if appropriate: _____

INFORMATION ABOUT BULLYING AND VIOLENCE

Date of incident(s) _____

Name of target(s) _____

Name of bullies _____

Forms of violence/bullying:

Material Physical Emotional Sexual Others: _____

A brief description of the case

Location(s): _____

Other information for the school's further investigation

Signature of Reporter _____