



POTOSI R-III School District

STUDENT BULLYING INCIDENT REPORT FORM

***If you have been the target of bullying or have witnessed the bullying of a District student, complete this form and submit to the building principal.**

Date Filed: _____ Your Name*: _____

Phone Number(s): _____

Indicate the appropriate response to the following with a check mark(s):

- You are a: Student Parent Employee Volunteer

Date(s) of alleged bullying: _____

Time (s) of alleged bullying: _____

Name of student(s) subjected to bullying: _____

Person(s) alleged to have committed the bullying or harassment: _____

Summarize the incident(s) or occurrence(s) of bullying as accurately as possible. Attached additional sheets or use back side of the form, if necessary.

Names of Witnesses: _____

Have you reported this to anyone else? Yes No. If so, who? _____

*Signature of Complainant _____

***Students have the right to complete this form anonymously. However, it will be easier for the District to investigate this matter if as much information as possible is provided. Submission of a good faith complaint or report of bullying or harassment will not affect the complainant or reporter's future employment, grades, learning, or working environment. A complainant that falsely accuses someone will be subject to disciplinary action.**

This Section is for use of District Administration

Date Received by Principal: _____

Investigative Action Taken: _____

Result of Investigation/Action taken: _____

Signature of Principal: _____