

Hermon School Department

**BULLYING REPORT FORM**

Name of Complainant/Reporter (by law, reports may be anonymous): \_\_\_\_\_

Status of Reporter: Student Parent School Employee/Coach/Advisor Other \_\_\_\_\_

Contact information for Reporter (if reporter is student, contact information for parent/  
guardian): Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_

Name of Alleged Target(s): \_\_\_\_\_

Name of Alleged Bully(ies): \_\_\_\_\_

Relationship between Alleged Target/Bully(ies): \_\_\_\_\_

Time(s) and Location(s) of Alleged Incident(s): \_\_\_\_\_

Names of Witnesses: \_\_\_\_\_

Description of Incident(s) (attached additional pages if more space is needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I agree that the information on this form is accurate and true to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Complainant/Reporter

Date: \_\_\_\_\_

Received by: \_\_\_\_\_  
Position/Title: \_\_\_\_\_

Date: \_\_\_\_\_

Copy to Building Principal: Date: \_\_\_\_\_ Copy to Superintendent: Date: \_\_\_\_\_