**CHERRRYFIELD SCHOOL DEPARTMENT**

**NEPN/NSBA CODE: JICK-E1**

**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.

Date:

Signature of complainant/reporter

Received by: Date:

Position/title:

Copy to building principal: Date: Copy to Superintendent: Date:

DATE ADOPTED: September 10, 2013

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