RSU 54/MSAD 54
Bullying and Cyberbullying Reporting Form

Bullying or suspected bullying is reportable in person or in writing to school personnel. Upon completion of this form, or when providing a verbal report, submit to designated school personnel or administrative office.

Date the alleged incident of bullying is being reported: _______________________

Person(s) reporting the alleged incident(s) of bullying (this is optional as reports can be made anonymously, except when reported by staff, coaches and advisors): ________________

Person(s) completing this form (if different than person listed above and not anonymously reporting): ________________________________

Person reporting is:
student  parent  grandparent  guardian  staff  coach  advisor  other

Contact information of person reporting (optional): Home/work phone: ( )_______
Cell phone: ( )_________________ email: _______________________________
Address: ________________________________

Details
Name of student(s) who is believed to have been bullied: _______________________

Name of the student(s) or adult(s) who is alleged to have bullied: __________________
_________________________________ Date(s): __________________

Time(s)/time(s) of day: ________________________________

Location(s) of incident(s): ______________________________

Were there any witnesses? □ yes  □ no

If so, please provide names of witnesses to be contacted during the investigation: ________________________________
Please provide a description of incident(s) and include any supporting documentation:

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
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_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

(Use additional pages, if needed)

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

_____________________________________________________________________
Signature of person reporting (optional)  Date: _______________
_____________________________________________________________________

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Received by: ____________________________  Date: _______________
Position/title: ____________________________
Copy to school principal on: ________________  Date: _______________
Copy received: ____________________________  Date: _______________
Signature of school principal
Copy to superintendent on: ________________  Date: _______________
Copy received: ____________________________  Date: _______________
Signature of superintendent