

**BC** **BRADFORD COUNTY**  
**SD** **SCHOOL DISTRICT**  
**Bullying Anonymous Reporting Form**

If you have information regarding bullying and would like to report this information anonymously, please fill out the following form to the best of your knowledge. Please note that this form is completely anonymous.  
*(For the purpose of this form, bullying encompasses bullying, harassment, and discrimination.)*

VICTIM NAME (last, first, middle)	SEX	GRADE	AGE
ACCUSED NAME (last, first, middle)	SEX	GRADE	AGE
SCHOOL	SCHOOL TELEPHONE (    )       -		
PRINCIPAL	TODAY'S DATE /     /		

Where did the incident occur?

When did the incident occur?

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

Please describe, in as much detail as possible, what happened.

Do you know any of the witnesses involved? If so, please provide as much detail as possible about these people.

List evidence of bullying if any (i.e. letters, photos, etc. –attach evidence if possible)

Thank you, this report will be followed up on within 2 school/work days. If you fear a student is in IMMEDIATE danger, contact their home school, the police or the \_\_\_\_\_ County Public Schools at \_\_\_\_\_ immediately!

**For Office Use Only**

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Date Received:	
Received by:	