



# Esko Public Schools

## Bullying Reporting Form



**Please submit this form to the appropriate school administrator when completed.**

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

**Name of Reporter/Person Filing the Report:** \_\_\_\_\_

**Phone number of Reporter:** \_\_\_\_\_

**Email address of Reporter:** \_\_\_\_\_

**Check whether you are the: Victim of the behavior**  **Reporter (not the victim)**

**Name of the Student(s) you are concerned about?** \_\_\_\_\_

**Is this situation urgent?** \_\_\_\_\_ **Is the student in immediate danger?** \_\_\_\_\_

**What BULLYING BEHAVIOR(S) are you concerned about and/or observing? (dates, times, and location)**

**Name/Grade of student you feel is doing the bullying (if known):** \_\_\_\_\_

**Is there anyone else who could provide additional information about this situation? If so, whom?**

**Has this been reported to school or other appropriate authorities? If so, whom?**

**Where is this happening?**

**Have any bystanders supported the student? If so, whom?**

**Any additional information that may be helpful?**