



## St. Theresa Middle School

### Possible Bullying-Harassment Report

Name of person filling report \_\_\_\_\_ Date: \_\_\_\_\_

(check one) You are:  student \_\_\_\_\_  faculty/staff member  
 other \_\_\_\_\_  parent-phone number \_\_\_\_\_

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Date of Incident \_\_\_\_\_ Time of Incident \_\_\_\_\_

Name(s) of target(s) \_\_\_\_\_

Name(s) of alleged offender(s) \_\_\_\_\_

Name(s) of possible witness(es) \_\_\_\_\_

Location of Incident (Choose all that apply.)

- Aftercare       Online       Bathroom       Recess       Bus  
 School Property       Cafeteria       Classroom       Gym  
 School Sponsored Activity       Other: \_\_\_\_\_

Which of the following best describes what happened? (Choose all that apply.)

- Cyberbullying       Spreading Gossip       Destruction of Property  
 Humiliation       Theft       Physical Violence  
 Teasing       Intimidation       Threats  
 Social Exclusion       Other \_\_\_\_\_

Signature of person filing the report: \_\_\_\_\_

(Rev. 2015)