BULLYING REPORT FORM

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This Form is to be used to file a bullying complaint pursuant to WCSD Administrative Regulation 5701, Student Bullying, Harassment, and/or Discrimination Complaint and Appeal Procedures and NRS 388.122-123.

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| --- | --- | --- | --- | --- | --- |
| Today’s Date | Date of Incident | | | | |
| Person Reporting |  |  |  |  |  |
| Telephone Number |  | Email |  |  |  |
| Check Appropriate Box  Student Parent/guardian of a student School Staff Other | | | | | |
| 1. Alleged Victim (Last, First, MI) |  | Grade |  |  | School |
| 2. Witness(es) (if known): |  | Grade |  |  | School |
|  |  | Grade |  |  | School |
|  |  | Grade |  |  | School |
| 3. Alleged offender(s): |  | Grade |  |  | School |
|  |  | Grade |  |  | School |
| 4. Location(s) of incident (check all that apply):  On school property – Location/Room On a school bus – Bus Number On the way to/from school – Location Via online – Platform At a school-sponsored activity/event a. Event  b. Location Other | | | | | |

5. Description of incident(s): (Attach separate sheet if necessary)