

BULLYING REPORT FORM

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.

Today's Date	Date of Incident	
Person Reporting	1	_
Telephone Number	Email	_
Check Appropriate Box		
□ Student □ Parent/guardian of a student	t □ School Staff □ Othe	r
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	o. Location	
□ Other		



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