File: JICDE*-E-1

Bullying Report Form

Instructions: This form is to be completed by the bullying target, witness, or any person with information about an incident of bullying. Upon completion, this form should be turned in to an administrator, teacher, or any staff member with whom the complainant is comfortable. Reports may be made anonymously.

Date of report:		_	
Name of person	making the report (opt	ional):	
Check one	: [] Student [[] Other (please s] Parent/Guardian [] pecify):] Staff
If a student	t, specify school and gr	ade (optional):	
If a parent/	guardian or other, prov	ide contact information:	
Check if you pre	efer to prefer to remain	anonymous: [] Yes []	No
Are you the targ	et of the alleged bullyin	ng?[]Yes[]No	
Student(s) belie	ved to be targets of alle	eged bullying (use revers	se side if needed):
Name:		School: School: School:	Grade:
Person(s) believ needed):	ved to be engaged in all	leged bullying conduct (u	use reverse side if
Name: Name: Name:		[] Stude [] Stude [] Stude	nt [] Staff [] Other nt [] Staff [] Other nt [] Staff [] Other
Person(s) believ (use reverse sid		or have knowledge abou	t the alleged bullying
Name: Name: Name:		[] Stude [] Stude [] Stude [] Stude	nt [] Staff [] Other nt [] Staff [] Other nt [] Staff [] Other nt [] Staff [] Other
Date(s), time(s), and/or additiona	, and locations(s) of the land locations(s) and locations(s) and locations(s) and locations(s) and locations(s)	alleged bullying inciden	t(s) (use reverse side
Description of the			
(use reverse sid	le and/or additional pag	lent(s), including any inci les if needed):	ident-related evidence

By completing and signing this form, I attached incident-related evidence, is true	est that the information provided, including any e and accurate to the best of my knowledge.	
Signature:	Date:	
	fice Use Only	
Received By:	Date:	
Position/Title:		

Date submitted to designated administrator for investigation:

From approved by Board of Education: 06/11/2020

Monte Vista School District No. C-8, Monte Vista, CO 81144

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