

Pupil Safety and Violence Prevention - Bullying Report Form

MASON SCHOOL DISTRICT  
BULLYING REPORT

Name of Witness/Reporter: \_\_\_\_\_

Position: \_\_\_\_\_

Name of Victim: \_\_\_\_\_

Name of alleged bully: \_\_\_\_\_

Description of incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other pertinent information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature: \_\_\_\_\_

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