



FRANKLIN TOWNSHIP MIDDLE SCHOOL EAST

STUDENT BULLYING REPORT FORM

**IC20-33-8-0.2 Bullying** means overt, repeated acts or gestures, including: (1) verbal or written communications transmitted; (2) physical acts committed; or (3) any other behaviors committed; by a student or group of students against another student with the intent to harass, ridicule, humiliate, intimidate, or harm the other student.

**Instructions:** Please complete front and back pages, responding only to the questions that you feel comfortable answering and are able to accurately.

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Describe what happened/what is happening:

When did it happen? (check all that apply)

- Before School                      Date: \_\_\_\_\_
- During School                      Time: \_\_\_\_\_
- After School
- Unsure

Where did it happen? (check all that apply)

- School Building. Specific Location: \_\_\_\_\_
- At a school event. Specific Event: \_\_\_\_\_
- On the bus
- Online

Who was committing the bullying? (if you don't know the bully's name(s) describe him/her)

Who was the victim of the bullying? (If you don't know his/her name, describe him/her)

Did anyone else witness the bullying? (if yes, please list)

Were you or others physically hurt? (please explain)

Was there damage to anyone's personal property?      Yes    No    Unsure

Have you or the victim missed any school or made any changes to your daily routine as a result of the incident(s)?

Have you told anyone about the bullying? (check all that apply)

Parent    Brother/Sister    Friend    Teacher    Principal    Other Staff

Your Name \_\_\_\_\_ Date \_\_\_\_\_

Grade \_\_\_\_\_

Academy \_\_\_\_\_

For Office Use Only

In compliance with I.C. 5-2-10.1, 20-08.15.1 I am acting in good faith on behalf of the protection of the child listed below by reporting this case.

Reported To \_\_\_\_\_ Date \_\_\_\_\_

Referred To \_\_\_\_\_