

# CCA Anonymous Bullying Reporting Form

Name(s) of Victim  Name(s) of student doing the bullying

Location of incident:

Date(s) of incident

- |  |   |
|--|---|
| <input type="checkbox"/> Hallway                       | <input type="checkbox"/> Classroom                        |
| <input type="checkbox"/> Restroom                      | <input type="checkbox"/> Gym                              |
| <input type="checkbox"/> Cafeteria                     | <input type="checkbox"/> Parking Lot                      |
| <input type="checkbox"/> School Event (game,dance,etc) | <input type="checkbox"/> Text/Phone/Internet/Social Media |

Type bullying – check all that apply:

- |  |  |
|--|--|
| <input type="checkbox"/> Shoving/Pushing         | <input type="checkbox"/> Hitting/Kicking/Punching  |
| <input type="checkbox"/> Threatened              | <input type="checkbox"/> Stole or Damaged Property |
| <input type="checkbox"/> Excluded                | <input type="checkbox"/> Taunted/Ridiculed         |
| <input type="checkbox"/> Told Lies/Spread Rumors | <input type="checkbox"/> Intimidation              |
| <input type="checkbox"/> Demeaning Comments      | <input type="checkbox"/> Inappropriate Touching    |
| <input type="checkbox"/> Cyber Bullying          | <input type="checkbox"/> Other                     |

What happened? Please give as much information as you can.

Were there any witnesses to the incident? If yes, you may list below.

Administrator receiving report: