



# Anonymous Bullying or Harassment Report Form

Complete this form if you have credible information regarding a bullying or harassment incident and want to report it anonymously. A report may be made by calling the **Bullying Hotline: 904-390-2043**. This form is completely anonymous; formal disciplinary action may not be based solely on the basis of this report or an anonymous phone call.

**Please, type or print clearly**

School/Department Name	School #/RC #		Report Date	Report Time
Alleged Victim's Name (last, first, middle)	School #/RC #	Age	Grade/Dept.	Gender/Race
Alleged Perpetrator's Name (last, first, middle)	School #/RC #	Age	Grade/Dept.	Gender/Race

Where did the incident occur? Be specific (i.e., classroom, hallway, cafeteria, playground, bus). \_\_\_\_\_

When did the incident occur? Day: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

What happened? Describe in detail. \_\_\_\_\_

Were there any witnesses? Yes No (Circle One) Provide their name(s) and contact information.

List and attach any evidence of bullying or harassment. (i.e., letters, texts, photos, etc) \_\_\_\_\_

Was there a previous report filed by anyone regarding this incident? Yes No (Circle One) When? \_\_\_\_\_

Have you been bullied or harassed or witnessed bullying or harassment by this person before? Yes No (Circle One) If so, how many times? \_\_\_\_\_ Was a report filed for the previous time(s)? Yes No (Circle One) When? \_\_\_\_\_

**This report will be investigated in a timely manner. If you fear a student is in IMMEDIATE danger, contact the appropriate resource i.e., the principal of the school, the school police, or police.**

For Office Use Only			
Investigator's Printed Name	Signature	School/Dept .	Date
Findings: _____			
_____			
_____			