

# Sylvan Union School District

## Bullying Anonymous Reporting Form

If you have information regarding bullying and would like to report this information anonymously, please fill out the following form to the best of your knowledge. Please note that this form is completely anonymous.

*(For the purpose of this form, bullying encompasses bullying, harassment, and discrimination.)*

<b>VICTIM NAME</b>	<b>SEX</b>	<b>GRADE</b>	<b>AGE</b>
<b>ACCUSED NAME</b>	<b>SEX</b>	<b>GRADE</b>	<b>AGE</b>
<b>SCHOOL</b>	<b>SCHOOL TELEPHONE</b> ( ) -		
<b>PRINCIPAL</b>	<b>TODAY'S DATE</b> / /		<b>Aeries Incident ID#</b>

Where did the incident occur?

When did the incident occur?

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

Please describe, in as much detail as possible, what happened.

**Do you know any of the witnesses involved? If so, please provide as much detail as possible about these people.**

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**List evidence of Bullying (i.e. letters, photos, etc. – attached evidence if possible):**

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**Thank you, this report will be followed up on within two (2) school work days. If you fear a student is in IMMEDIATE danger, contact their home school, the District Office at 574-5000, or the police immediately.**

**For office Use Only**

<b>Date Received</b>	
<b>Received by:</b>	