

Union County School District
ANONYMOUS BULLYING 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.)

VICTIM NAME (last, first, middle) <i>(Optional)</i>	SEX <i>(Optional)</i>	GRADE <i>(Optional)</i>	AGE <i>(Optional)</i>
ACCUSED NAME (last, first, middle)	SEX	GRADE	AGE
SCHOOL	SCHOOL TELEPHONE		
PRINCIPAL	TODAY'S DATE		

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.

List evidence of bullying if any (i.e. letters, photos, etc. –attach evidence if possible)

Thank you, this report will be followed up on within 2 school/work days. If you fear a student is in IMMEDIATE danger, contact their home school or the Union County Sheriff's Office at (386)496-2501.

For Office Use Only

Date Received:	
Received by:	

*There will be consequences for false or intentional accusations of bullying or harassment.