



SAN RAMON VALLEY CHRISTIAN ACADEMY

BULLYING REPORT FORM

Name: (person reporting) _____ Grade: _____ Date: _____

Time event occurred: _____

Please answer the following questions about this reporting incident:

List the name(s) of the alleged bully(ies), and/or cyber-bully(ies). If name is not known, provide any other identifiable information:

Describe your past and present relationship between you and the alleged bully, and/or cyberbully:

Describe the incident:

When and where did it happen?

Were there any witnesses? { } yes { } no If yes, who? _____

Other information, including previous incidents or threats:

I certify that all statements made in the complaint are true and complete. Any intentional false statement of fact will subject me to appropriate discipline. I authorize school officials to disclose the information I provide only as necessary in pursuing the investigation.

Signatures:

Student: _____ Date: _____

School official receiving complaint: _____ Date: _____

School official conducting follow-up: _____ Date: _____