

**Bullying / School Violence Reporting Form**

**\*PLEASE FILL OUT AND PRINT THIS FORM**

**\*BRING TO EITHER THE GUIDANCE OFFICE, DEAN'S OFFICE, OR PRINCIPAL'S OFFICE**

**Check all that apply:**

- Lockport Central – Freshman Campus
- Lockport East – Main Campus
- Check here if on social media \_\_\_\_\_
- Check here if off campus \_\_\_\_\_

**Name of person allegedly being bullied or what threat exists:** \_\_\_\_\_

**Name of alleged offender:** \_\_\_\_\_

**Your name (optional):** \_\_\_\_\_

**Are you the person being bullied or threatened?**  Yes  No

**I am a:**

- Student
- School Employee
- Parent/Guardian
- Community Member
- Other

**Type of Event - Select all that apply:**

- Physical – Hitting, kicking, physical aggression
- Verbal – Teasing, name calling, put downs
- Emotional – Starting rumors, being excluded
- Cyber Bullying – Using an electronic medium to engage in bullying
- Threats – Expression of intent to harm someone or self

**Student(s) were targeted for bullying/violence in the following place(s): Select all that apply:**

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Locker Room                          |
| <input type="checkbox"/> Hallway   | <input type="checkbox"/> Extracurricular Activity             |
| <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Bus                                  |
| <input type="checkbox"/> Restroom  | <input type="checkbox"/> Bus Stop                             |
| <input type="checkbox"/> Gym       | <input type="checkbox"/> School or Related Activity, or Event |
| <input type="checkbox"/> Other     |   |

**Please describe the events. Be specific - include date, time, location. Use additional paper if needed.**

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**Did you witness the event?**

- Yes
- No

**List any other witnesses to the event:** \_\_\_\_\_

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