

# Bullying Reporting Form

**Which campus does this involve?**

Lockport Central – Freshman Campus  
Lockport East – Main Campus

**Name of person allegedly being bullied:**

**Name of alleged bully:**

**Your name (optional):**

**I am a:**

Student  
School Employee  
Parent/Guardian  
Person Being Bullied  
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

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

Classroom	Locker Room
Hallway	Extracurricular Activity
Cafeteria	Bus
Restroom	Bus Stop
Gym	School or Related Activity, or Event
Other	

**Please describe the events (Be specific, include date, time, location):**

**Did you witness the event?**

Yes  
No

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

**Please fill out and print this form. Bring to either the Guidance Office or Dean's Office.**

PAS/dab