

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