



BULLYING REPORTING FORM

Upon completion, this form should be turned into Dr. Miriam Pike, Head of School, 312.610.4900, mpike@wolcottschool.org, 524 N. Wolcott Ave, Chicago, IL 60622

Date: _____

Name of Complainant: _____

Student Parent Staff Other (please specify): _____

If a student, specify school and grade: _____

If a parent or other, provide contact information: _____

Is the Complainant the target of the alleged bullying being reported? Yes No

[Note: The Complainant need not be a target to make this report.]

Date and Time of Incident of Bullying: _____

Student(s) being reported as targets of the alleged bullying:

Name: _____ School: _____ Grade: _____

Name: _____ School: _____ Grade: _____

Name: _____ School: _____ Grade: _____

Person(s) being reported as aggressors engaged in the alleged bullying:

Name: _____ Student Staff Other

Name: _____ Student Staff Other

Name: _____ Student Staff Other

Person(s) who witnessed or have knowledge about the alleged bullying:

Name: _____ Student Staff Other

Name: _____ Student Staff Other

Name: _____ Student Staff Other

Description of the alleged bullying incident(s), including any incident-related evidence (may use reverse side and/or additional pages if needed): _____

Location(s) of the alleged bullying incident(s): _____

How were student(s) the targets of the alleged bullying? Through what means were the student(s) bullied? _____

Was/were the alleged bullying incident(s) based on any certain characteristic(s) of the target(s)? _____

By completing and signing this form I attest that the information provided is true and accurate to the best of my knowledge.

Signature: _____

Date: _____