

Bullying Anonymous Reporting (Form C)

If you have information regarding bullying and would like to report this information anonymously, <u>please fill</u> out the following form to the best of your knowledge. Please note that this form is completely anonymous. (For the purpose of this form, bullying encompasses bullying, harassment, and discrimination.)

VICTIM NAME (last, first, middle)	SEX	GRADE	AGE	
ACCUSED NAME (last, first, middle)	SEX	GRADE	AGE	
SCHOOL	SCHOOL TELEPHONE			
	()	-		
PRINCIPAL	TODAY'S	TODAY'S DATE		
	/	1 1		
Where did the incident occur?				
When did the incident occur?				
Date:Time:				
Please describe, in as much detail as possible, what happened.				
Do you know any of the witnesses involved? If so, please provide	as much detail a	as possible about	these people.	
List evidence of bullying if any (i.e. letters, photos, etc. –attach ev	ridence if possib	le)		
Thank you, this report will be followed up within 2 school	l/work days. If y	you fear a studer	nt is in	

DANGER, contact their home school, the police or the Gulf County School District at 850-229-8256 immediately! For Office Use Only

Date Received:	
Received by:	