Fayette County School Corporation

1401 Spartan Drive., Connersville, IN 47331 765-825-2178

Definition of bullying: an overt, unwanted, **repeated** act or gesture, including written or verbal communications or images transmitted in any manner, physical acts, or any other behaviors that are committed by a student or group of students against another student with the intent to harass, ridicule, humiliate, intimidate, or harm the other targeted student and create for the targeted student an objectively hostile school environment.

Person Reporting Bullying_____ **I'd like this report to be anonymous** ☐
You are: ☐ **The Target** ☐ **A Bystander** (witness) ☐ **A Parent** ☐ **A Staff Member**
Today's date_____
Name of person you think was bullied? _____
When did the bullying happen?_____ _____
Who do you think was bullying? _____

Type of Bullying (check all that apply)
Physical: Verbal: Relational: Cyber-bullying
☐ Hit, kicked, punched ☐ Called mean names ☐ Excluded (left out) ☐ Online/email/text
☐ Book checked ☐ Threatened ☐ Told lies/spread rumors
☐ Took or damaged property ☐ Racial/offensive
☐ Other physical aggression comments

Where did the bullying happen? (check all that apply)
☐ Hallway ☐ Cafeteria ☐ On the Bus ☐ Bus Stop ☐ Classroom ☐ Bathroom
☐ Going to/from school ☐ Online/email/text

Is this the first time that this has occurred? ☐ **Yes** ☐ **No** ☐ **Don't Know**
Have you filed a Student Bullying Report before? ☐ **Yes** ☐ **No**
Who has been told about the incident or saw what happened? (Check all that apply)
☐ Teacher ☐ Principal ☐ Friend ☐ Parent/Guardian
☐ Assistant Principal ☐ Students ☐ Counselor ☐ Nobody Yet

Names of possible witnesses _____
Description of event:
Any other information that you would like to share:

Please give this form to your counselor, teacher or to another staff member.

Thank you for making this report