

Keene ISD

Parent or Student Report of Bullying

Campus: _____

Date of Report: _____

Person Reporting: _____

Date of Incident: _____

Name of Victim: _____

Name of Person Bullying: _____

Age/Grade of Victim: _____

Did you witness the incident/s: _____

Race of Victim: _____

List the names of possible witnesses:

Please describe how the victim was bullied, including where the activity occurred along with what was said and what actions took place.

Received by: _____

Position: _____

Signature of person receiving the report: _____ **Date:** _____