

CMS Bullying Report Form

Submit to Mrs. Boeve

Use to report:

- a) Ongoing hitting/ kicking/ shoving/ other physical aggression
- b) Ongoing teasing, name-calling
- c) Ongoing exclusion (spreading rumors, preventing someone from participating in an activity or group)
- d) Ongoing cyber bullying (through email, text messages, phone apps or social networking sites, like Facebook, Instagram, Snapchat, etc.)

Date of Incident : Time: Location:

Student(s) Engaging in Bullying Behaviors (Names):

Student Target(s) of Bullying (Names):

Reporter Name (Your Name, Optional):

Witnessed by Me (Yes or No):

Witnesses to Bullying (Names):

Description of Events: (Please be detailed & specific as to what happened)

How long has this been happening?

What steps have you taken to try to make the bullying stop? (example: asked them to stop)

Thank you for reporting this information. We will be following up on this shortly. You may be called into the office if we feel that we need additional information or clarification.
We will not be disclosing your name as a reporter.

Please, submit this information to the School Counselor (Andrea.Boeve@k12.sd.us) or slide a paper copy under her door in the middle school (room 175).

OFFICE USE ONLY: Confirmed: Yes No Inconclusive Reviewed by _____ Date _____
Notes: