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Critical

BULLYING

(Bullying Incident Report Form for Required Reporters Employees, Substitutes and Volunteers)

This form is for use by employees, substitutes and volunteers to report incidents of student bullying.

This form must be completed and provided to the building Principal within two school days of witnessing or acquiring firsthand knowledge of any bullying incident involving a student. (In the event the person named above is unavailable or is the subject of this report, reports should instead be directed to the building counselor.)

Employees, substitutes and volunteers who did not witness or have firsthand knowledge of an incident of bullying but receive a report from someone who did may also use this form.

Bullying frequently involves repeated behavior. If you have witnessed or have knowledge of more than one incident, please provide information on all incidents. Please feel free to use multiple forms or attach additional pages if necessary to report all related incidents.

Name of Reporter (individual reporting this incident):					
Position of Reporter: Employee Substitute Volunteer					
If the reporter is an employee, include the employee's title/position and assigned building(s):					
If the reporter is a substitute or volunteer, please provide contact information:					
Did you witness this incident? Yes No					
If no, provide the specific information as to how you found out about this incident:					
Details of Incident					
1. Date and time the incident took place: Date: Time: (If the exact date and time are uncertain, provide an approximate date and time.)					

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Please provide as much of the the target of the bullying:	e following information a	as possible for each student
Name of Targeted Student	Grade Level	School of Attendance
Name of Targeted Student	Grade Level	School of Attendance
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Name of Targeted Student	Grade Level	School of Attendance
Name of Targeted Student	Grade Level	School of Attendance
Please provide as much of the engaging in the bullying beha	•	as possible for each student

Name of Subject of Report	Grade Level	School of Attendance
Name of Subject of Report	Grade Level	School of Attendance
Name of Subject of Report	Grade Level	School of Attendance
Name of Subject of Report	Grade Level	School of Attendance

5. List the names of others who witnessed or may have witnessed the incident:

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6.	Please describe the incident. (Include as much that was said or done. If inappropriate langulanguage and describe the exact gesture used	uage or gestures were used, include the exact
7.	Is there any other information you believe investigating this incident?	is relevant for the district to know when
This is copie	ure of Reporter report should be accompanied by any applicables of notes, e-mails or photos. If the bullying es of a minor, please do NOT copy, download or	includes sexting, nudity or inappropriate further distribute the images! Instead, show
	vidence to the principal immediately so that ap ***** The reader is encouraged to review policies a	*

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this administrative area.

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Lebanon R-III School District, Lebanon, Missouri