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Bullying or Harassment Reporting Form

This form should be used to report a possible incident of bullying as defined in the Mason Consolidated School District's Policy prohibiting bullying and harassment.

Any student can report bullying or harassment by talking to an administrator or completing this form and returning it to the principal or school counselors.

PLEASE PRINT

Your Name: _____ Date: _____

Name(s) of student(s) accused of bullying: _____

On what date(s) did the incident(s) happen? _____

Where did the incident occur?

☐ On school property ☐ At a school-sponsored activity/event ☐ On the bus
☐ At the bus stop ☐ On the way to/from school ☐ Other: _____

Choose the statement(s) that best describe what happened:

☐ Teasing ☐ Threat ☐ Stalking ☐ Theft ☐ Cyberbullying
☐ Intimidation ☐ Physical Violence ☐ Public Humiliation ☐ Other: _____

What did the offender(s) say or do? _____

Were there any witnesses? _____

Is this the first time you have been bullied/harassed? ☐ Yes ☐ No

-If NO, is the bullying incident by the same person(s) or a different person(s)?

☐ Same ☐ Different

-Were any of these incidents previously reported? ☐ Yes ☐ No

-If YES, to whom? _____

Signature: _____

Thank you. This information will be looked into immediately. By completing this form you are indicating that your comments are true and exact to the best of your knowledge. If you fear that a student is in IMMEDIATE DANGER, please immediately report the incident to an administrator.

FOR OFFICE USE ONLY:

Date received: _____ Received by: _____