



Bullying Policy Reporting Form

Confidential Reporting Form for Bullying Incidents

Instructions: Please complete this form to report any incidents of bullying. Your report will be treated confidentially, and your identity will be protected to the extent possible.

1. Personal Information:

- **Your Name (Optional):**
- **Your Contact Information (Optional):**
- **Your Role (e.g., student, instructor, parent):**
- **Date of Report:**

2. Incident Details:

- **Date of Incident:**
- **Time of Incident:**
- **Location of Incident:**

3. Individuals Involved:

- **Name(s) of the person(s) you believe is/are bullying:**
- **Your relationship to the person(s) involved:**
- **Name(s) of any witnesses:**

4. Description of the Incident:

Please describe the incident(s) in detail. Include what happened, how it made you or others feel, and any other relevant information.

5. Action Taken:

Have you reported this incident to anyone else? (Yes/No)

If yes, please provide details:

6. Additional Information:

Is there any other information you would like to provide?

7. Preferred Outcome:

What outcome do you hope to achieve from this report?

Signature (Optional):

Date:

Please submit this form via email to bartlesvillecivicballet@gmail.com

Thank you for your commitment to making our community a safer place.