

**APPENDIX A**

**Canton Public Schools  
SUSPICION OF BULLYING REPORTING FORM**

**Directions:** The Canton Public Schools is committed to providing a safe environment for all members of our community. If you believe you have been the target of bullying or have witnessed bullying between two or more students, or by staff, complete this form and return it to your building Principal or a trusted member of the school staff. This form may be completed anonymously, but no disciplinary action will be taken against an alleged aggressor solely on the basis of an anonymous report. **If you are concerned about anyone's immediate physical safety, call 911 or any adult in your school can help you right away.**

**Name of Reporter:** \_\_\_\_\_ **Date of Report:** \_\_\_\_\_

**I am (check one):**     Complainant (target of harassment/bullying)                       Reporter (not the target)

**Check whether you are a:**     Student     Staff member (specify role): \_\_\_\_\_  
 Parent     Administrator     Other (specify): \_\_\_\_\_

**My Phone:** \_\_\_\_\_ **My Email:** \_\_\_\_\_

**Information about the Incident**

<b>Name of the target of bullying/harassing behavior:</b>	<b>Age:</b>	<b>Grade:</b>	<b>School:</b>

<b>Name(s) of alleged aggressor(s) (if known):</b>	<b>Age:</b>	<b>Grade:</b>	<b>School:</b>

**Dates/Times when incident(s) occurred:** \_\_\_\_\_

**Where did the incident(s) happen? (choose all that apply)**

On school property                       Online/via technology                       Other: \_\_\_\_\_

On a school bus                       On the way to/from school

At a school-sponsored activity or event off school property

**Please provide a written description of what happened** (Use the back of this form if necessary):

**What is the relationship of the alleged target to the alleged aggressor?**

**Witnesses** (List of people who saw the incident or have information about it)

Name: \_\_\_\_\_  Canton Student     Staff     Other \_\_\_\_\_

Name: \_\_\_\_\_  Canton Student     Staff     Other \_\_\_\_\_

Name: \_\_\_\_\_  Canton Student     Staff     Other \_\_\_\_\_

Name: \_\_\_\_\_  Canton Student     Staff     Other \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**ADMINISTRATIVE USE ONLY**

**Date Received:** \_\_\_\_\_ **Received By:** \_\_\_\_\_

**Action Taken:**