



Littleton Public Schools

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SUSPECTED BULLYING INCIDENT REPORTING FORM

Name of person completing form: _____

Please note, if you wish to make this report anonymously, please leave blank.

Select whether you are the:

_____ Target/victim of the behavior _____ Reporter (not the target)

Select whether you are a:

_____ Student _____ Community Member
_____ Parent/Guardian _____ Other; if other, please indicate: _____

If you are the reporter, please indicate who (first and last name) was the target/victim of the suspected bullying incident: _____

If known, please indicate the school that the target/victim of the suspected bullying incident attends:

_____ Shaker Lane School (PK-gr. 2) _____ Littleton Middle School (gr. 6-8)
_____ Russell Street School (gr. 3-5) _____ Littleton High School (gr. 9-12)

Date(s) of the suspected bullying incident(s): _____

Time(s) when the suspected bullying incident(s) occurred: _____

Please indicate where the incident(s) occurred: _____

Witnesses - please list people who saw or may have saw the suspected bullying incident(s): _____

Please describe the incident in as much detail as possible including what the alleged aggressor/offender(s) said or did, if any physical injury resulted from the incident and if the injury required medical attention. Use additional paper if necessary.