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"Ensuring Excellence in Education and Respect for the Local Culture" | "Home of the Braves"

TURTLE MOUNTAIN COMMUNITY SCHOOLS

Student Bullying Report Form

Describe what happened/what is happening:

When did it happen? Before school During school After school

Unsure

Date:

Time:

Where did it happen? In the school building, list room:

Online

In the parking lot

On the bus

At a school event

Unsure

Other

List:

List:

Who was committing the bullying (if you don't know the bully's name (s) describe him/her?)

Who was the victim of the bullying (if you don't know his/her name, describe him/her?)

Did anyone else witness the bullying (if yes, please list)? Yes No Unsure

Were you or others physically hurt (please explain)? Yes No Unsure

Was there damage to anyone's personal property? Yes No Unsure

Have you or the victim missed any school or made any changes to your daily routine as a result of the incident?

Yes No Unsure

Describe:

Have you told anyone about the bullying? Yes No

Describe:

Have you previously filed a bullying report (this information is used to determine if retaliation is occurring)?

Yes No

Describe:

Your name:

Your grade and age:

How can we contact you? Phone

Email

Other

Remember to hit "save" before closing this form. Please print the form and return it to any school staff member, the main office or place it in the bullying report drop box.