

**KOKOMO SCHOOL CORPORATION**

**BULLYING REPORT FORM**

Name of person reporting: \_\_\_\_\_

Date reporting: \_\_\_\_\_

Target: \_\_\_\_\_

Person(s) initiating the bullying: \_\_\_\_\_  
\_\_\_\_\_

Witnesses to the incident: \_\_\_\_\_  
\_\_\_\_\_

Date(s) occurred: \_\_\_\_\_

Where occurred: \_\_\_\_\_

Please describe the bullying:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_