

BULLYING REPORTING FORM (BRF)

If you have information regarding a bullying incident, please fill in the information below to the best of your knowledge. Once completed, submit to an ASCS staff member or the school office. All reports of bullying incidents will be investigated within five school days.

TODAY'S DATE	YOUR NAM E (leave blank for anonymous reporting*)
VICTIM NAME	TEACHER/GRADE
ACCUSED NAME	TEACHER/GRADE
Where did the incident occur?	
Date of incident:	Time:
Please describe in as much detail as possible, what happened (attach statement of events on a separate sheet of paper, if needed.)	
List the names of anyone who witnessed the incident:	
Is there any evidence of the bullying (i.e., letters, emails, etc.attach, if possible.)	
If you fear a student is in IMMEDIATE danger, please contact the school office 734-459-2490 or 911.	
* Anonymous reports will be investigated, but formal disciplinary action cannot be based solely on an anonymous report. Whenever possible, reporters are encouraged to include their name. ASCS Staff cannot report anonymously.	
For Office Use Only ************************************	
Date Rreceived:	Rec'd By: