

**Montessori School of Lemont
Bullying Reporting Form**

Name(s) of person(s) allegedly being bullied: _____

Name(s) of alleged bully/bullies: _____

Your name (optional): _____

I am (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Student | <input type="checkbox"/> School Employee |
| <input type="checkbox"/> Parent/Guardian | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Community Member | |

Type of Event (check all that apply):

- Physical- Hitting, Kicking, Physical Aggression
- Verbal- Teasing, Name Calling, Put-Downs
- Emotional- Starting Rumors, Being Excluded
- Cyberbullying- Using an electronic medium to engage in bullying

Students were targeted for bullying in the following place(s) (check all that apply):

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Outdoor Play Area |
| <input type="checkbox"/> Hallways | <input type="checkbox"/> School Event (or related activity) |
| <input type="checkbox"/> Bathroom | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Basement | |

Please describe the event(s), including specific information such as times, dates, locations, etc.

Did you witness the event?

- Yes
- No

Please list any other witnesses to the event:

A student will not be punished for reporting bullying or supplying information, even if the school's investigation concludes that no bullying occurred. However, knowingly making a false accusation or providing knowingly false information will be treated as bullying for purposes of determining any consequences or other appropriate remedial action.

Please complete this form and return it to the Executive Director or administration staff member.