Yuba City Unified School District
Anonymous Bullying, Harassment, or Discrimination Report Form

Complete this form if you have credible information regarding a bullying or harassment incident and want to report it anonymously. **Submit it to the school secretary.** This form is completely anonymous. Please type or print clearly.

<table>
<thead>
<tr>
<th>School:</th>
<th>Report Date:</th>
<th>Report Time:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alleged Victim’s Name (last, first, middle)</td>
<td>Age:</td>
<td>Grade/Dept.</td>
</tr>
<tr>
<td>Alleged Perpetrator’s Name (last, first, middle)</td>
<td>Age:</td>
<td>Grade/Dept.</td>
</tr>
</tbody>
</table>

Where did the incident occur? Be specific (i.e. classroom, hallway, cafeteria, playground, bus) ____________________________________________________

___________________________________________________________________________________________________________

When did the incident occur? Day: ____________ Date: ____________ Time: ____________ AM/PM

What happened? Describe in detail: ______________________________________________________________

_____________________________________________________________________________________________________

Were there any witnesses? Yes   No (Circle One)              Provide their name(s) and contact information below:

_____________________________________________________________________________________________________

_____________________________________________________________________________________________________

List and attach any evidence of bullying or harassment. (i.e. letters, text, photo, etc.) ________________________________

_____________________________________________________________________________________________________

Was there a previous report filed by anyone regarding this incident? Yes  No (Circle One) When? ________________________

_____________________________________________________________________________________________________

Was there a police report filed? Yes        No (Circle One)                          If so, when? ________________________________________

Have you been bullied or harassed or witnessed bullying or harassment by this person before?      Yes       No       (Circle One)

If so, how many times? _____    Was a report filed for the previous time(s)? Yes   No (Circle one)      When? ________________

This report will be investigated in a timely manner. If you fear a student is in IMMEDIATE danger, contact a staff member at your child’s school or law enforcement if after school hours.

**Office Use:**

Findings: _______________________________________________________________

_____________________________________________________________________________________________________

Investigator’s Name: _____________________________  Investigator’s Signature: ______________________