

# 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.

School:		Report Date:	Report Time:
Alleged Victim's Name (last, first, middle)	Age:	Grade/Dept.	Gender/Race
Alleged Perpetrator's Name (last, first, middle)	Age:	Grade/Dept.	Gender/Race

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: \_\_\_\_\_