

**Lisbon School Department  
BULLYING REPORT FORM**

Name of complainant/reporter (by law, reports may be anonymous): \_\_\_\_\_

Status of reporter: Student Parent School employee/coach/advisor Other \_\_\_\_\_

Contact information for reporter (if reporter is student, contact information for parent/guardian):

Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Name of alleged target(s): \_\_\_\_\_

Name of alleged bully(ies): \_\_\_\_\_

Relationship between alleged target/bully(ies): \_\_\_\_\_

Time(s) and location(s) of alleged incident(s): \_\_\_\_\_

Names of witnesses: \_\_\_\_\_

Description of incident(s) (attached additional pages if more space is needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I agree that the information on this form is accurate and true to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of complainant/reporter

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

Received by: \_\_\_\_\_

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

Position/title: \_\_\_\_\_

Copy to building principal: Date: \_\_\_\_\_

Adopted: May2013

Reviewed: May 13, 2019

Reviewed: February 13, 2023

