

# San Marino Unified School District

## Anonymous Bullying or Harassment Report Form



Complete this form if you have credible information regarding a bullying or harassment incident and want to report it anonymously. This form is completely anonymous; formal disciplinary action may not be based solely on the basis of this report or an anonymous phone call. 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.

List and attach any evidence of bullying or harassment. (i.e., letters, texts, photos, 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 the appropriate resource i.e., the principal of the school, assistant principal, or police.**

For Office Use Only			
Investigator's Printed Name	Signature	School/Dept .	Date
Findings: _____			
_____			
_____			

Please submit or email this report to: **Dr. Gary McGuigan, Assistant Superintendent of Instructional Services**  
**1665 West Drive, San Marino, CA 91108**