FAIRVIEW SCHOOL DISTRICT 72
BULLYING REPORTING FORM

Upon completion, this form should be turned in to Michael Lopatka and Colleen Larkin, Principals, 7040 Laramie Avenue, 847-929-1048, mlopatka@fairview.k12.il.us or clarkin@fairview.k12.il.us or any staff member with whom the complainant is comfortable speaking.

Date: ____________________________

Name of Complainant: ____________________________________________________________
[Note: Anonymous reports also are accepted.]

☐ Student  ☐ Parent/Guardian  ☐ Staff  ☐ Other (please specify): ______________________

If a student, specify school and grade: _____________________________________________

If a parent/guardian or other, provide contact information: ___________________________

Is the Complainant the target of the alleged bullying being reported?  ☐ Yes  ☐ No
[Note: The Complainant need not be a target to make this report.]

Date and Time of Incident of Bullying: _____________________________________________

Student(s) being reported as targets of the alleged bullying:

Name: ____________________________ School: ________ Grade: ______
Name: ____________________________ School: ________ Grade: ______
Name: ____________________________ School: ________ Grade: ______
Name: ____________________________ School: ________ Grade: ______

Person(s) being reported as aggressors engaged in the alleged bullying:

Name: ____________________________ ☐ Student  ☐ Staff  ☐ Other
Name: ____________________________ ☐ Student  ☐ Staff  ☐ Other
Name: ____________________________ ☐ Student  ☐ Staff  ☐ Other
Name: ____________________________ ☐ Student  ☐ Staff  ☐ Other

Person(s) who witnessed or have knowledge about the alleged bullying:

Name: ____________________________ ☐ Student  ☐ Staff  ☐ Other
Name: ____________________________ ☐ Student  ☐ Staff  ☐ Other
Name: ____________________________ ☐ Student  ☐ Staff  ☐ Other
Name: ____________________________ ☐ Student  ☐ Staff  ☐ Other
Description of the alleged bullying incident(s), including any incident-related evidence (may use reverse side and/or additional pages if needed): 

Approximate date(s) and time(s) of the alleged bullying incident(s): 

Location(s) of the alleged bullying incident(s): 

How were student(s) the targets of the alleged bullying? Through what means were the student(s) bullied? 

Was/were the alleged bullying incident(s) based on any certain characteristic(s) of the target(s)?
By completing and signing this form I attest that the information provided is true and accurate to the best of my knowledge.

Signature: ___________________________  Date: __________________