



Please return completed  
form to Mr. Putnam.

**Cuyahoga Valley Christian Academy**  
4687 Wyoga Lake Road  
Cuyahoga Falls, OH 44224  
(330) 929-0575

## Bullying Reporting Form

Today's date \_\_\_\_\_

For teachers, students, parents, and staff,

If you have information regarding bullying and would like to report this information, please fill out the following form to the best of your knowledge.

**Target Name** (last, first) \_\_\_\_\_ **Grade** \_\_\_\_\_ **Sex** \_\_\_\_\_

**Accused Name** (last, first) \_\_\_\_\_ **Grade** \_\_\_\_\_ **Sex** \_\_\_\_\_

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When did the incident occur? **Date:** \_\_\_\_\_ **Approximate time:** \_\_\_\_\_

Is this an ongoing situation? **yes** \_\_\_\_\_ **no** \_\_\_\_\_ **unknown** \_\_\_\_\_

Where did the incident occur?

Describe, in as much detail as possible, what happened, including any intervention and by whom. (Verbal statements, i.e., threats, requests, demands, etc., what, if any physical contact)

How do you know about this situation?

Were there any of the witnesses? If so, please provide as much detail as possible about these people including names and their association to the incident.

What evidence of bullying is available? List evidence of bullying, if any, i.e. notes, letters, photos, texts, facebook, etc. (attach evidence if possible)

**Reported by** \_\_\_\_\_ **Date completed** \_\_\_\_\_

Note: students could complete this report anonymously simply by not signing the "reported by" line.

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Date Received:

Received by:

Date reviewed: