

D230 Say Something-Report Bullying

(After completion, please return this form to the Dean's Office)

Please note that these reports are not read immediately after submission but are generally read within 24-hours on regular school days and within 48-hours on the weekend. If you or someone you know is in crisis or in danger, please do not leave a report. Instead:

- Call 911
- Call the 24-hour, 7 days a week, Suicide Hotline at (800) 784-2433

This will ensure that someone will be able to respond immediately to the emergency situation.

The Illinois School Code defines Bullying as follows:

"Bullying includes cyber-bullying and means any severe or pervasive physical or verbal act or conduct, including communications made in writing or electronically, directed toward a student or students that has or can be reasonably predicted to have the effect of one or more of the following:

1. Placing the student or students in reasonable fear of harm to the student's or students' person or property;
2. Causing a substantially detrimental effect on the student's or students' physical or mental health;
3. Substantially interfering with the student's or students' academic performance; or
4. Substantially interfering with the student's or students' ability to participate in or benefit from the services, activities, or privileges provided by a school.

If you believe you, or someone you know is being bullied at school, please either complete this form, or the preferred method, contact the Deans' or Guidance Office.

Your name and/or phone number are optional, but helpful. Please understand, you may remain anonymous, but in doing so, it may be difficult to pursue this report and/or to inform you of the status of this situation.

Name: _____

Phone: _____

I am:

- Victim
- Target
- Parent/Guardian
- Student Witness
- Staff Member
- Other _____

Person(s) being reported as targets of bullying:

Person(s) being reported as the bully/bullies:

Person(s) who witnessed the bullying/bystanders:

Please indicate if the witness or witnesses were staff, student or other:

- Staff
- Student
- Other (indicate whom):

Please describe, in detail, the bullying incident(s). Include the name(s) of the individual(s) involved and what each person said or did.

Date(s)/Time(s) incident(s) occurred:

Location of the incident(s):

Why do you think this behavior is happening?

Has this incident been reported to anyone before?

- Yes
- No

If yes, to whom and when was it reported?

What additional information, if any, would you like us to know?

The above information is accurate to the best of my knowledge (sign/initial and date below-optional).

Name: _____

Date: _____