



CORNERSTONE CHRISTIAN SCHOOL

BULLYING ANONYMOUS REPORTING FORM

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

(For the purpose of this form, bullying encompasses bullying, harassment, and discrimination.)

Victim's Name: _____ Grade: _____

Accused Name: _____ Grade: _____

Date/Time of Incident: _____

Location of Incident: _____

Please describe, in as much detail as possible, what happened.

Do you know any of the witnesses involved? If so, please provide as much detail as possible about these people.

List evidence of bullying, if any (i.e. letters, photos, etc.). Attach evidence if possible.

If you fear a student is in IMMEDIATE danger, contact the San Angelo Police Department at 911.

Date received: _____ Received by: _____