

**SAU 50 STUDENT SAFETY AND VIOLENCE PREVENTION  
BULLYING REPORT FORM**

General Statement of Policy Prohibiting Bullying:

The school board is committed to providing all students with a safe school environment in which all members of the school community are treated with respect.

This policy is intended to comply with RSA 193-F which specifically identifies “bullying” as a form of pupil harassment. Conduct constituting bullying will not be tolerated, and is prohibited by this policy, in accordance with RSA 193-F.

**Reporter:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Home Phone/Cell Phone:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Date of Incident(s):** \_\_\_\_\_

**Name of person(s) you believe engaged in bullying:** \_\_\_\_\_  
\_\_\_\_\_

**Name of person(s) you believe was the target of bullying:** \_\_\_\_\_  
\_\_\_\_\_

**List of any witnesses:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Where did the incident(s) occur:** \_\_\_\_\_  
\_\_\_\_\_



Describe the incident(s) as clearly as possible, including such things as what force, if any, was used; any verbal statements (e.g. threats, requests, demands, etc.); what, if any, physical contact was involved; what, if anything, was done in an effort to avoid the situation. (Attach additional pages if necessary.)

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This report is based on my honest belief that \_\_\_\_\_ has engaged in bullying behavior. I hereby certify that the information I have provided in this report is true, correct, and complete, to the best of my knowledge and belief.

Reporter's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

**Legal References:**

RSA 193-F, *Education; Pupil Safety and Violence Prevention*

Adopted 2008

Reviewed 2017

Greenland, New Castle, Newington

