Marysville Joint Unified School District
Anonymous Bullying or Harassment Report Form

Complete this form if you have credible information regarding a bullying or harassment incident and want to report it anonymously. Submit it to the school secretary or other school staff. You can also email the form to Jolie Carreon at jcarreon@mjusd.com. This form is completely anonymous. Please type or print clearly.

<table>
<thead>
<tr>
<th>School:</th>
<th>Report Date:</th>
<th>Report Time:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alleged Victim’s Name (last, first, middle)</td>
<td>Age:</td>
<td>Grade/Dept.</td>
</tr>
<tr>
<td>Alleged Perpetrator’s Name (last, first, middle)</td>
<td>Age:</td>
<td>Grade/Dept.</td>
</tr>
</tbody>
</table>

Where did the incident occur? Be specific (i.e. classroom, hallway, cafeteria, playground, bus) ______________________________________

______________________________________________________________________________________

When did the incident occur? Day: __________ Date: __________ Time: __________ AM/PM

What happened? Describe in detail: _______________________________________

______________________________________________________________________________________

Were there any witnesses? Yes   No (Circle One)              Provide their name(s) and contact information below:

______________________________________________________________________________________

List and attach any evidence of bullying or harassment. (i.e. letters, text, photo, etc.) ______________________________________

______________________________________________________________________________________

Was there a previous report filed by anyone regarding this incident? Yes  No (Circle One) When? ________________

______________________________________________________________________________________

Was there a police report filed? Yes   No (Circle One)                          If so, when? ________________

Have you been bullied or harassed or witnessed bullying or harassment by this person before?      Yes       No       (Circle One)

If so, how many times? _____    Was a report filed for the previous time(s)? Yes   No (Circle one)      When? ________________

This report will be investigated in a timely manner. If you fear a student is in IMMEDIATE danger, contact a staff member at your child’s school or law enforcement if after school hours.

Office Use:

Findings: __________________________________________________________________________________

______________________________________________________________________________________

Investigator’s Name: _____________________________  Investigator’s Signature: ______________________