

*S-185-A Bullying Incident Report Form*  
Clinton County R-III School District

Your Name (Person Completing Form): \_\_\_\_\_

Your Role: (Circle one)

Student

Parent/Guardian

Community Member

Your Telephone Number: \_\_\_\_\_

Your Email Address: \_\_\_\_\_

Victim's First Name: \_\_\_\_\_

Victim's Last Name: \_\_\_\_\_

Victim's Student ID: \_\_\_\_\_

Victim's School: \_\_\_\_\_

Name of person(s) you believe committed bullying: \_\_\_\_\_

State the nature of your report. Please describe the action(s)/incident(s) you believe may be in violation of the District's anti-bullying policy as clearly as possible, including such things as what physical force or contact, if any, was used and any verbal statements that were made (i.e. threats, requests, demands, etc.). Definitions of 'bullying', 'hazing', and 'cyberbullying' under Board Policy can be found by visiting the District's website at: [www.ccr3.k12.mo.us](http://www.ccr3.k12.mo.us).

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If others are affected by this possible violation, please also give their names and/or positions:

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Date of alleged incident(s): \_\_\_\_\_

Where did the incident(s) occur? (Circle response)

On School Property

School Bus

During School Event/Function

Digital Communication

