

欺凌事件举报表/*Bullying Incident Initial Report Form*

如想举报欺凌事件，请用中文或英文尽可能详尽地填写以下表格。填好后尽快速交给子女就读学校的总办公室。

您的姓名/*Your Name*: _____

您的联系电话/*Your contact phone number*: _____

欺凌受害者姓名/*Name of bullying victim*: _____

您与受害者的关系/*Your relationship to victim*: _____

受害者就读学校/*Victim's school*: _____ 受害者所在年级/*Victim's grade*: _____

事发日期/*Incident Date*: _____ 时间/*Time*: _____ 地点/*Location*: _____

施害者姓名（如果知道）/*Name(s) of offender(s) (if known)*: _____

请描述该欺凌事件并详尽描述施害者及受害者的行为/*Please provide a short description of the incident and specify the actions of the offender(s) and victim(s)*:

所有目击者姓名（学生或成人）/*Names of any and all witness(es) (students and/or adults)*:

请注意：尽管匿名举报会使得立案调查更加困难，我们对所有举报均将严肃对待并实施调查。然而，提供包括举报人身份在内特殊信息将有助于更深入的调查。

ATTENTION SCHOOL STAFF: In the event that this form is filled out in a language other than English please scan and send to translation@philasd.org for priority translation.