

# Zuamtaih Nehsawh Tuar Tik I Thuthannak Ca/ Bullying Incident Initial Report Form

Zuamtaih nehsawh na ton tikah, himi ca hi a faamkim thei sungin Falam ca silole Mirang ca in ngan awla na fa i a tlawng zungah pek aw.

**Na Min/Your Name :** \_\_\_\_\_

**Pehzom awtheinak ding phone no./Your contact phone number:** \_\_\_\_\_

**Zuamtaih nehsawhmi i a min/Name of bullying victim:** \_\_\_\_\_

**Nangmah le zuamtaih nehsawhmi nan pehzom awknak/Your relationship to victim:**  
\_\_\_\_\_

**Zuamtaih nehsawhmi i tlawng/Victim's School:** \_\_\_\_\_

**Zuamtaih nehsawhmi i catang/Victim's Grade:** \_\_\_\_\_

**Thilcang Ni/Incident Date:** \_\_\_\_\_ **A can/Time:** \_\_\_\_\_

**A hmun/Location:** \_\_\_\_\_

**An zuamtaih tu (pawl) i (an) min (na thei le)/Name(s) of offender(s) (if known):**  
\_\_\_\_\_

**Thil cangdaan a tawifiannak in ngan awla zuamtaih nehsawh a tongtu (pawl) le a zuamtaihtu (pawl) i sidaan tla ngan aw/Please provide a short description of the incident and specify the actions of the offender(s) and victim(s):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Thil a cang lai i a hmutu (pawl) min ngan aw (tlawngtla pawl le/lole upa pawl)/Names of any and all witness(es) (students and/or adults):** \_\_\_\_\_  
\_\_\_\_\_

**Theih ding:** A thupte deuh i thuthannak tuahmi hi a phikawl a har deuh theu na'n hivek pawl hi thate le fel te'n a phi kan kawl ding. Thu fiang deuh pawl, abik in himi ca ngantu i thu pawl, ruangah thil a phikawl a ol-rang deughter ding.

**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](mailto:translation@philasd.org) for priority translation.