

CYBERBULLYING INCIDENT REPORT FORM

Date Reported: _____

Complainant's Information

Name: _____

Role at the University: _____

Position: _____

ID Number: _____

Are you submitting this report as the complainant?: _____

Relationship to the complainant: _____

Complainee's Information

Name: _____

Role at the University: _____

Position: _____

ID Number: _____

Incident Report Details

Platform or Medium Used for Cyberbullying: _____

What type of cyberbullying was involved? _____

Describe the incident:

Actions & Support Details

Have you reported the incident to the other Office/College/Department? _____

Please specify Office/College/Department: _____

Name of person from Office/College/Department you've reported this incident:

Have any actions been taken to address or resolve this matter? _____

Please describe the actions taken: _____

Would you like to participate in an investigation if one is needed? _____

May we contact you if the investigation starts? _____