

STUDENT REPORT FORM FOR BULLYING

I am Reporting Bullying _____

Today's date _____ **Teacher** _____

When did the bullying happen? _____

Who was bullied? _____

What **Grade**? _____

Who was doing the bullying? _____

What **Grade**? _____

Type of Bullying (check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Called mean names | <input type="checkbox"/> Excluded (left out) | <input type="checkbox"/> Took or damaged something |
| <input type="checkbox"/> Threatened | <input type="checkbox"/> Hit, kicked, punched | <input type="checkbox"/> Told lies/spread rumors |
| <input type="checkbox"/> Cyber-bullying (online/email/text, etc) | <input type="checkbox"/> Racial/offensive comments | |

Where did the bullying happen? (check all that apply)

- | | | | |
|--|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Hallway | <input type="checkbox"/> Cafeteria | <input type="checkbox"/> On the Bus | <input type="checkbox"/> Bus Stop |
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Playground | <input type="checkbox"/> Bathroom | <input type="checkbox"/> Going to/from school |
| <input type="checkbox"/> Online/email/text | | | |

Is this the first time that this has occurred? Yes No

Have you filed a Student Bullying Report before? Yes No

Who has been told about the incident or saw what happened? (Check all that apply)

- | | | | |
|--|------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Teacher | <input type="checkbox"/> Principal | <input type="checkbox"/> Friend | <input type="checkbox"/> Parent/Guardian |
| <input type="checkbox"/> Assistant Principal | <input type="checkbox"/> Students | <input type="checkbox"/> Counselor | <input type="checkbox"/> Nobody Yet |

Any other information that you would like to share:

Please give this form to your counselor, teacher or to another person who works at the school. Thank you for making this report.