

BULLYING REPORTING FORM

Date of report: _____

Report filed by: _____

Alleged Student Bully(ies):

Grade: _____

Grade: _____

Grade: _____

Alleged Student Victim(s):

Grade: _____

Grade: _____

Grade: _____

List the events that have occurred.

How long has this been happening? Be specific.

When and where is it happening? (Examples: at the bus stop, at home, in class, in the hallway, during lunch, in the locker room, between classes, in the bathroom)

_____ TURN PAGE OVER

What did you do when it happened? Please list all of the ways that you responded.

Witnesses (adults and/or students) who might have observed the incident.

Who have you reported this to (Check all that apply)

Nobody Parent(s) Friend(s) Counselor
 Administrator Bus Driver Teacher- Name: _____
 Other- Name: _____

What would you like for an adult to do to help you? (Example: listen to me, talk to the other student(s), watch out for similar behavior, tell an administrator)

If you do not want an intervention for this incident, please initial here _____

Student Signature: _____

Signature of Staff Member Receiving Form: _____

Date: _____

This form should be given directly to a staff member at school.