



Bullying Report Form



Time: _____ Date: _____

Are there any immediate safety needs? YES NO
~~If YES, send student(s) to the office for prompt attention.~~

Name of Target(s): _____ Grade(s): _____ Teacher(s): _____

Name(s) of alleged Bully(s): _____ Grade(s): _____ Teacher(s): _____

Place an X next to the statement(s) that best describes what happened (choose all that apply):

- Teasing Threat Stalking Theft Cyber bullying
- Social exclusion Intimidation Physical violence Public humiliation Other _____

Where did the incident happen? (choose all that apply)

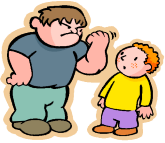
- On school property At a school-sponsored activity or event off school property At the bus stop
- On a school bus On the way to/from school On computer

Describe in detail the incident.

Who reported the bullying?

- Bullied Child Bystander Parent Bus Driver Teacher/Support Staff

Person completing the report: _____



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