**SCHOOL NAME**

**SCHOOL CONTACT INFORMATION**

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| **Person Reporting Bullying**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **I’d like this report to be anonymous** ☐**Today’s date**\_\_\_\_\_\_\_ **Classroom Teacher** (of person being bullied)\_\_\_\_\_\_\_\_\_ **When** did the bullying happen?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Who** do you think was bullied? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_What **Grade**? \_\_\_\_\_\_\_\_\_**Who** do you think was bullying? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_What **Grade**? \_\_\_\_\_\_\_\_\_ |
| **Type of Bullying** (check all that apply)☐ Called mean names ☐ Excluded (left out) ☐ Took or damaged something ☐ Threatened ☐ Hit, kicked, punched ☐ Told lies/spread rumors☐ Cyber-bullying (online/email/text, etc) ☐ Racial/offensive comments |
| **Where did the bullying happen?** (check all that apply)☐ Hallway ☐ Cafeteria ☐ On the Bus ☐ Bus Stop ☐ Classroom☐ Playground ☐ Bathroom ☐ Going to/from school ☐ 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)☐ Teacher ☐ Principal ☐ Friend ☐ Parent/Guardian☐ Assistant Principal ☐ Students ☐ Counselor ☐ Nobody YetAny other information that you would like to share: |

**Please give this form to your counselor, teacher or to another staff member. Thank you for making this report.**