Bully Reporting Form

My name is : _____
Today is : _____ 2008 /2009

Date of Incident: _____ 2008 /2009
Time it happened: _____ am / pm

Response Rating:

- ➪ Please hurry, I don't know what to do!
- ➪ I would like to get help today.
- ➪ I'm okay, see me when you can.

1. Where did the bullying happen?

☐ Bathroom	☐ Classroom
☐ Bus	☐ Hallway
☐ Bus Stop	☐ Playground
☐ Cafeteria	☐ Other_____

2. Who was involved?
Bully(Bullies)_____

Victim(s)_____
Bystander(s)_____

3. What is the type of bullying behavior? (Circle all that apply)

☐ Physical: hitting, fighting, kicking, pinching, grabbing, punching
Other: _____

☐ Verbal: name calling, teasing, yelling, threatening, phone calls, rumors
Other: _____

☐ Written: inappropriate notes, text messages, embarrassing pictures, drawings, inappropriate e-mails, instant messages
Other: _____

☐ Exclusion: never including, constant ignoring

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Office / Guidance use only: _____ / _____ Date: _____2008 / 2009

_____

Other information:

Meet w/ students	_____	Phone call home	_____
Mediation held	_____	Apology given	_____
Loss of recess	_____	Conference w/ parent(s)	_____
In school time out	_____	Out of school time out	_____