

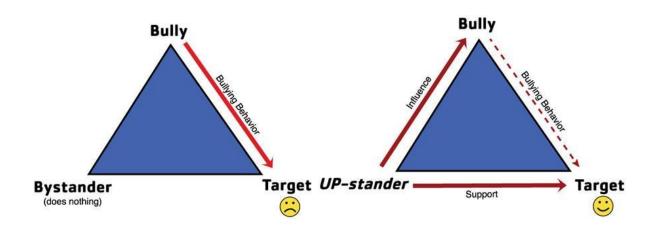
Today's Date:		
1. About You I know it can be scary to tell / report be name on the form. A teacher, staff or a questions about this so if you include get in trouble for sharing your report.	a principal may want	to ask more
What is your name:		_
Did bullying happen to you?	Yes	No
Did you see the event happen?	Yes	No
2. Information about what happened		
Who did this happen to?		_
Who behaved this way?		_
When did it happen? Date:		
What time:		
Where did it happen?		
On school car	mpus:	
Not on schoo	l campus:	
On the comp	uter, phone, or table	t, or on the internet



3. Was an adult nearby? Who? Who else saw what happened? Write their names here:

4. Tell us what happened.

Did the bullying include mean comments about you or your friends?





	Acts: such as hitting, spit student's possessions	tting, kicking, or dam	naging your or
	Did you	or someone get hui	rt? Yes No
Emotior	nal: Spreading mean rum	ors or lies about you	or another student
Verbal: Student	Saying mean or hurtful th	nings or threatening	you or another
Cyber: Or	nline, through video gam	es, or email / VP	
6. Did this hap	pen before?		
No	Yes: 1 - 2 times	3 – 5 times	many times
7. Do you feel	safe?		
Yes, I'm okay	No, I need help!	I want to.	I am not sure.
8. Do you wan	t to share more?		



Thank you for sharing. Please give this to your Principal or the Director of Student Services.

Signature of Person Filling (Note: Reports may be file	Out this Report:d anonymously.)		Date:
	FOR ADMINISTRATIV	E USE ONLY	
Received by:	Position:		
Signature:		Date:	
Reviewed by:	Position:		
Signature:		Date:	
Attach any documents to t	this form or turn over the pa	ge to write notes	as needed.
Documents: Interview que	estions, interview notes, and	counseling refer	ral form.