



# ELEMENTARY

## BULLYING REPORT FORM

**General Statement of Policy on Bullying**

Bullying is when someone is being hurt either by words or actions on purpose, usually more than once, feels bad because of it, and has a hard time stopping what is happening to them.

1. While at school, have you experienced bullying as described above? \_\_\_\_\_Yes \_\_\_\_\_No
2. If so, were you able to tell a teacher, principal, or school staff? \_\_\_\_\_Yes \_\_\_\_\_No

**About You .**

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Grade: \_\_\_\_\_

**Tell Us What Happened**

Student who was harmed: You Another person (Name)\_\_\_\_\_

Student(s) who did the harm: \_\_\_\_\_

When did it happen:\_\_\_\_\_

Where did it happen:

Classrooms Cafeteria/ Recess School Bus Hallways Social Media/ Internet/Text

Other \_\_\_\_\_

Has it happened before: \_\_\_\_\_Yes \_\_\_\_\_No If yes, how many times:\_\_\_\_\_

**Notes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_ Size, weight or how you look

\_\_\_\_\_ Identity (gender expression/identity)

\_\_\_\_\_ How well you do in school

\_\_\_\_\_ Skin color

\_\_\_\_\_ Your religion or beliefs

\_\_\_\_\_ Other things

What kind of bullying happened? Was it:

<b>_____ Physical Acts</b> Such as hitting, spitting, kicking, or damaging you or another student's possessions	<b>_____ Cyber/Online</b> Occurs on website or social media, by cell phone, email or text message
<b>_____ Emotional</b> Spreading mean rumors or lies about you or another student	<b>_____ Social</b> Excluding you or another student from a group, telling other kids not to talk to you or another student
<b>_____ Verbal</b> Saying mean or hurtful things or threatening you or another student	<b>_____ Harassment</b> Bullying behavior that is also based on a protected class: Race, color, religion, sex, age, disability, national origin

Who else saw what happened? Write their names here: \_\_\_\_\_

Was an adult nearby? Who? \_\_\_\_\_

**For Office Staff Only:**

Follow up completed by: \_\_\_\_\_

**Actions taken:**

Student Conference     In-School Suspension     Mediation     Lunch Detention

Out-Of-School Suspension     Referral to outside resource \_\_\_\_\_

After-School Detention     Parent Contacted on \_\_\_\_\_

Other \_\_\_\_\_

**Additional Notes:**

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