

Radnor Middle School
Bullying Reporting Form:

Date of Report: _____

Report filed by: _____

Alleged Student Bully(ies):

_____	Grade: _____
_____	Grade: _____
_____	Grade: _____

Alleged Student Victim(s):

_____	Grade: _____
_____	Grade: _____
_____	Grade: _____

List the events that have occurred.

How long has this been happening? Be specific.

When and where is it happening? (Examples: at the bus stop, at home, in class, in the hallway, during lunch, in the locker room, between classes, in the bathroom)

What did you do when it happened? Please list all of the ways that you responded.

Witnesses (adults and/or students) who might have observed the incident.

Who have you reported this to (Check all that apply)

Nobody Parent(s) Friend(s) Counselor

Administrator Bus Driver Teacher-Name: _____

Other – Name: _____

What would you like for an adult to do to help you? (Example: listen to me, talk to the other student(s), watch out for similar behavior, tell an administrator)

If you do not want an intervention for this incident, please initial here _____

Student Signature: _____

Signature of Staff Member Receiving Form: _____

Date: _____

This form should be given directly to a staff member at school.