

Bully Report Form

Your Name: _____ Date: _____

Who did the bullying? (If you don't know the name, describe the person, who is his/her teacher?)

Who is the student being bullied? (If you don't know the name, describe the person, who is his/her teacher?)

Who witnessed the incident?

How often has this bullying occurred?

Use the back side of this paper to describe what happened. (When and where did it happen? What was done or said to the student who was being bullied? What did the student who was being bullied do next?)

Name of staff or other adult assisting the student in filling out this report:

Turn in your report to office or School Counselor