

STUDENT BULLYING REPORT

Name:

Name of Student You Believe is Bullying You:

Examples of What This Student Has Done to You:

Where These Things Happen (ex. Hallway, classroom, cafeteria, etc.):

Questions to Answer:	Yes	No
Has this happened more than once?	<input type="checkbox"/> If yes, how often? _____	<input type="checkbox"/>
Are you friends with this person?	<input type="checkbox"/>	<input type="checkbox"/>
Have you told any other adults about this?	<input type="checkbox"/> If yes, who? _____	<input type="checkbox"/>
Do you often choose to be around this person?	<input type="checkbox"/>	<input type="checkbox"/>
Do you believe this person has more power than you?	<input type="checkbox"/> If yes, how? _____	<input type="checkbox"/>
Bullying is defined as "unwanted aggressive behavior that is repeated over time and involves an imbalance in power." Based on this definition, do you believe the student you named is truly bullying you?	<input type="checkbox"/>	<input type="checkbox"/>

I have been honest in answering this form. I understand that in a true bullying situation, the school counselor cannot keep private what I have told her, and she will likely bring this to the attention of the principal and assistant principal.

Student Signature & Date