

**Date:** \_\_\_\_\_

**Reporting Person:** \_\_\_\_\_

**Name(s) of victim(s):**

**Name(s) of student(s) bullying:**

**Name(s) of Witnesses/  
Bystanders:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Type of Bullying** (circle all that apply):

Called Mean Names  
Told Lies or False Rumors  
Sexual Comments

Excluded  
Threatened  
Took/Damaged Possessions

Hit, Kicked, Punched  
Racial Comments

Other (explain): \_\_\_\_\_

**Where did the bullying happen?** (circle all that apply):

Playground  
Bathroom  
Bus Stop

Hallway  
In the class line  
Bus

In class with Teacher  
Lunchroom

In class without Teacher  
To/From School

Other: (explain) \_\_\_\_\_

**People the Victim has spoken to about the bullying incident.** (circle all that apply):

Teacher  
Friend

Other Adult at School  
Other: (identify) \_\_\_\_\_

Parent/Guardian

Sibling

**Explain what you  
witnessed**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

-----For Office Use Only-----

**Repeat Bullying Offender?** Yes or No

**Discipline Action Taken:** \_\_\_\_\_

**Parent Contact?** Yes or No