

**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

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

Hallway

In the class line

Bus

In class with Teacher

Lunchroom

In class without Teacher

To/From School

**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