



Bullying Report Form

Please Print

Your Name (Optional): _____

If a student, your Grade: _____ Time: _____ Date: _____

How did you find out about this? _____

Where did this happen? (location/building) _____

When did this happen? (date and time) _____

Who did the bullying? _____

What type of bullying took place? _____

If other, please explain:

How can you be contacted: (optional) _____

Please explain what took place in your own words: _____

Please return form to building principal.