

## Bullying Report

My Name: \_\_\_\_\_

My Teacher: \_\_\_\_\_

Target: \_\_\_\_\_

Offender: \_\_\_\_\_

Offender's Teacher: \_\_\_\_\_

Today's Date: \_\_\_\_\_

## People I Have Told

(Circle all that apply)

Teacher  
Friend  
Parent/Guardian  
Brother or Sister  
Other adult at school \_\_\_\_\_  
Bus Driver/Bus # \_\_\_\_\_

## My side of the story:

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### **BEFORE completing this report, check off the list below:**

- Were you hurt with words or actions **ON PURPOSE?**
- Has this happened **MORE THAN ONCE?**
- Do you feel unsafe or threatened around this person?
- Have you tried to make this stop? If yes, write 2 things you have tried:

1. \_\_\_\_\_

2. \_\_\_\_\_

If you checked **all 4 boxes above**, continue completing this bullying report.

\*If you did not check off all 4 boxes, please fill out a request to speak to your counselor to review ways to handle conflict.

## Type of Bullying Behavior

(Circle all that apply)

**Physical:** Harmed your body or property ((Hit, kick, punch, took your things)

**Verbal:** Harmed your self-esteem or feeling of safety (Called names, made fun, threats)

**Social:** Harmed your group acceptance (Excluded, Started Rumors, Told lies)

**Cyberbullying:** Harmed you by using technology

## **Other students involved or witnesses**

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