

Student Bullying Report Form

Use this form to report:

- a. Ongoing hitting/kicking/shoving/other physical aggression
- b. Ongoing teasing, name-calling
- c. Ongoing exclusion (spreading rumors, preventing someone from participating in an activity or group)
- d. Ongoing cyber bullying (through email, text, or social networking sites such as Facebook)
- E. ongoing graffiti of property with demeaning remarks?

Date: _____ Time: _____ Location: _____

Student(s) Engaging in Behavior (Names/Grade):

Student Target(s) of Behavior: _____

Your Name (optional): _____

Witnessed by Me (Yes/No): _____

Witnessed by Others? Who? _____

Description of Events: (Please be specific):

How long has this been happening? _____

What steps have you taken to try to make the bullying stop?

Thank you for reporting this information. We will be following up on this shortly. You may be called into the office if we feel that we need additional information or clarification. We will not be disclosing your name as a reporter.

Please bring the completed form to counseling or e-mail it to Rauni Vruwink, Jennifer Darnell, or Donna Shroda.

OFFICE FOLLOW UP

Confirmed: Yes No Inconclusive Review by: _____ Date: _____

Notes:

