STUDENT BULLYING REPORT FORM

STOP BULLYING

Describe what happened/what is happening:

When did it happen?	☐ Before school ☐ During school ☐ After school ☐ Unsure	Date: _____ Time: _____ ☐ am ☐ pm

---

Where did it happen?	☐ In the school building (list specific room): _____ ☐ On the school playground ☐ In the school parking lot ☐ On the school bus ☐ Online	☐ At a school event (list specific event): _____ ☐ Other (please specify): _____ ☐ Unsure

---

Who was committing the bullying (if you don't know the bully's name(s) describe him/her?

Who was the victim of the bullying (if you don't know his/her name, describe him/her)?

Did anyone else witness the bullying (if yes, please list)?	☐ Yes ☐ No ☐ Unsure	

Were you or others physically hurt (please explain)?	☐ Yes ☐ No ☐ Unsure	
Was there damage to anyone's personal property?	☐ Yes ☐ No ☐ Unsure	
Have you or the victim missed any school or made any changes to your daily routine as a result of the incident(s)?	☐ Yes ☐ No ☐ Unsure	

Have you told anyone about the bullying?	☐ Parent ☐ Babysitter ☐ Brother/sister ☐ Other family member:	☐ Teacher ☐ Other school staff: ☐ Other:

Have you previously filed a bullying report (this information is used to determine if retaliation is occurring)?
☐ Yes
☐ No

Your name:	
Your grade and age:	
How can we contact you?	☐ Phone: ☐ Email: ☐ Other:

Remember to hit "save" before closing this form. Please print the form and return it to any school staff member, the main office or place it in the bullying report drop box.