Bullying Report Form

My name is:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle your role in the situation:

 Target Bystander Teacher Parent

Who is the Bully/Bullies/Accused? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who is the Target/Victim? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long has this been going on? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle the bullying behaviors that the target experienced:

|  |  |  |
| --- | --- | --- |
| Hurtful Teasing | Stealing/damaging property | Spitting on him or her |
| Hurtful name-calling | Pushing | Hitting or Punching |
| Insulting remarks | Tripping | Slapping |
| Spreading lies/rumors | Grabbing | Slamming with shoulder |
| Socially rejecting | Pinching | Kicking |
| Sending nasty notes | Threats | Eye rolling or evil looks |
| Other: |

Circle *when* and *where* the bullying behaviors have been happening:

|  |  |  |
| --- | --- | --- |
| Bathroom | Hallway | Classroom |
| Cafeteria | At Specials | Playground |
| Before School | After school | At line up/class change |
| Online | Water fountains | Other: |

Circle the strategies that have been used so far to try and solve the problem:

|  |  |  |
| --- | --- | --- |
| Ignored it | Walked away | Asked them to Stop |
| Asked the bully – Why? | Used So?/ Humor | Nothing |
| Asked a friend for help | Told a teacher | Talked to parent |
| *I feel angry* | *I feel scared/frightened* | *I feel alone* |
| Other: |

Were there any witnesses and if so who?:

What else do you want me to know? (Please use the back if you need to)