



Confidential Reporting Form

(return to a counselor or administrator)

Today's Date: _____

Your Name: _____

Your Grade: _____

Student(s) who participated in bullying behavior:

Name _____

Grade: _____

Student(s) who was bullied:

Name _____

Grade: _____

Did anyone else witness this situation?

Name(s) _____

Circle one:

"I was bullied."

"I saw someone get bullied."

Date of Incident: _____

Circle where the bullying happened:

Classroom

Hallway

Bathroom

Cafeteria

Outside

Text/Social Media/Internet

Bus

Locker Room/Gym

Other: _____

Circle when the bullying happened:

Before School

After School

During Class

Hallway

Lunchtime

Other: _____

Circle what happened: "I was..." or "I saw someone get..."

Verbally Bullied

Teased

Called Names

Threatened

Physically Bullied

Shoved

Hit

Tripped

Kicked

Damaged Property

Socially Bullied

Rumor Spreading

Social Isolation

Excluded Purposefully

Cyber Bullied

Derogatory Comments or Posts

Spreading Rumors

Threatened

Other: _____

How would you like to be contacted regarding this situation? (Circle One)

Email

Phone

During School (what period? _____)

Before School

After School

What else would you like us to know about this situation? (please use back of form if necessary)