



STUDENT BULLYING REPORT FORM (Elementary School)

School: _____

Date: _____

Person Reporting Bullying: _____ I'd like this report to remain anonymous

Classroom Teacher (of person being bullied): _____

When did the bullying take place? _____

Who do you think was bullied? _____ What grade? _____

Who do you think was bullying? _____ What grade? _____

Is this the first time this has occurred? Yes No

Have you filed a Student Bullying Report before? Yes No

Where did the bullying take place?
(check all that apply)

- Hallway
- Playground
- Cafeteria
- Bathroom
- On the bus
- Going to/from school
- Bus stop
- Classroom
- Online/email/text

Type of Bullying
(check all that apply):

- Called mean names
- Threatened
- Cyber-bullying (online, email, text, etc.)
- Excluded (left out)
- Hit, kicked, punched
- Took or damaged something
- Told lies/spread rumors
- Racial/offensive comments

Who has been told about the incident, or who saw what happened?
(check all that apply)

- Teacher
- Assistant Principal
- Principal
- Students
- Friend
- Counselor
- Parent/Guardian
- Nobody yet

Any other information you would like to share: _____

**Please give this form to your counselor, teacher, or to another staff member.
Thank you for making this report.**