



STUDENT BULLYING REPORT FORM

(Middle School and High School)

Definition of bullying: an overt, unwanted, repeated act or gesture, including verbal or written communications or images transmitted in any manner, physical acts, or any other behaviors that are committed by a student or group of students against another student with the intent to harass, ridicule, humiliate, intimidate, or harm the targeted student and create for the targeted student an objectively hostile student environment.

Student Name: _____

Think about your recent alleged bullying experience. Describe what happened.

1. How were you bullied? (You can check more than one):
 - Physically (for example: I was hit, kicked, pushed, slapped, spat on, had property taken or destroyed)
 - Verbally (for example: I was teased, mean things were said to me, I was called names, I was threatened)
 - Socially/Relationally (for example: I was excluded, ignored, had rumors spread, mean things said about me to others, others were encouraged not to like me)
 - Communication Written/Electronic (for example: others used computers, email, or phone text to threaten me/make me look bad)
 - at school
 - outside of school
2. Is this the first time you have reported bullying? Yes No. If not the first time, how many times has it been reported? _____
 To whom have you made previous reports? _____
3. When did this bullying take place? Where? _____

 Has this happened before? When? How long ago? _____

4. Who did this to you? _____
5. What was happening before the bullying began? _____

6. State what the bully (perpetrator) said/did: _____

7. State what you said/did: _____

8. Who else was around and saw or heard this happen? _____

9. What made you decide that you needed to deal with your bullying situation? _____

10. What did you do when this happened? How well did it work?

What did you do?

How well did this work?

- | | | | |
|----------------------------------------------------------------------------|---------------------------------------------|------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> I ignored it | <input type="checkbox"/> Did not work | <input type="checkbox"/> Worked a little | <input type="checkbox"/> Worked really well |
| <input type="checkbox"/> I asked the perpetrator to stop | <input type="checkbox"/> Did not work | <input type="checkbox"/> Worked a little | <input type="checkbox"/> Worked really well |
| <input type="checkbox"/> I told my parents or other adult family member... | <input type="checkbox"/> Did not work | <input type="checkbox"/> Worked a little | <input type="checkbox"/> Worked really well |
| <input type="checkbox"/> I told my brother or sister | <input type="checkbox"/> Did not work | <input type="checkbox"/> Worked a little | <input type="checkbox"/> Worked really well |
| <input type="checkbox"/> I told an adult at school | <input type="checkbox"/> Did not work | <input type="checkbox"/> Worked a little | <input type="checkbox"/> Worked really well |
| <input type="checkbox"/> I told another student | <input type="checkbox"/> Did not work | <input type="checkbox"/> Worked a little | <input type="checkbox"/> Worked really well |
| <input type="checkbox"/> I fought back verbally | <input type="checkbox"/> Did not work | <input type="checkbox"/> Worked a little | <input type="checkbox"/> Worked really well |
| <input type="checkbox"/> I fought back physically | <input type="checkbox"/> Did not work | <input type="checkbox"/> Worked a little | <input type="checkbox"/> Worked really well |
| <input type="checkbox"/> I got someone to help stop it | <input type="checkbox"/> Did not work | <input type="checkbox"/> Worked a little | <input type="checkbox"/> Worked really well |
| <input type="checkbox"/> I stood up to the person doing it | <input type="checkbox"/> Did not work | <input type="checkbox"/> Worked a little | <input type="checkbox"/> Worked really well |
| <input type="checkbox"/> I made a joke of it | <input type="checkbox"/> Did not work | <input type="checkbox"/> Worked a little | <input type="checkbox"/> Worked really well |
| <input type="checkbox"/> I got back at them later | <input type="checkbox"/> Did not work | <input type="checkbox"/> Worked a little | <input type="checkbox"/> Worked really well |
| <input type="checkbox"/> I distracted the bully | <input type="checkbox"/> Did not work | <input type="checkbox"/> Worked a little | <input type="checkbox"/> Worked really well |
| <input type="checkbox"/> I did not do anything | <input type="checkbox"/> Did not work | <input type="checkbox"/> Worked a little | <input type="checkbox"/> Worked really well |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Did not work | <input type="checkbox"/> Worked a little | <input type="checkbox"/> Worked really well |