



Lovinggood Middle School Anti-Bullying Report Form CONFIDENTIAL



This form may be e-mailed or turned in in the front.

6th – Pat.Adair@cobbk12.org, 7th – Richard.Hanby@cobbk12.org or 8th – Nicole.Sheppard-Floyd@cobbk12.org
reference "Anti-Bully Report Form" in the subject of the e-mail.

Victim's/Target's Name: _____ **Date:** _____

Highlight/Underline/Circle One

Grade: _____ **Homeroom Teacher:** _____

Give us the FACTS - What happened or is happening? The school takes your safety seriously. It is **VERY** important that you provide the school with as much information as possible. If you do not share all the information about this matter, the school will have a difficult time making this situation better. Use the back of this page or more paper if you need more room.

How long has this been happening? _____

When and where is this happening? _____

How has this incident affected you at school? _____

Were you physically harmed during this incident? If yes, how? _____

Did you or anyone see this happen? If yes, when? Who else witnessed? _____

Have you reported this situation before? Yes No **If yes, to whom did you report the incident? When did you report the incident?** _____

How would you like to be contacted about this situation? Please note that all names are kept anonymous.

I prefer to:

- Speak with a school counselor
- Speak with a school administrator
- Remain anonymous – **THOROUGH** details must be listed above if you do not want to speak to a staff member

If you are a parent/guardian and would like to be contacted, please complete the information below.

Your Name: _____ (required for return message)

Best Contact #: _____ **E-mail:** _____