



Anti-Bullying Report Form

CONFIDENTIAL

This form should be placed in the counselor's mailbox.

Bully victim's name: _____ Date: _____ Grade: _____

Explain in as much detail as possible what happened or is happening. We take your safety seriously. It is very important that you provide as much information as possible so we can address the situation and make it better. Use the back of the form if more space is needed. _____

How long has this been happening? _____

When and where is it happening? _____

Was anyone physically harmed during the incident? If yes, who and how?

Were there any witnesses? If yes, who?

Have you reported this situation before? ___ No ___ Yes. If yes, to whom did you report the situation, and when did you report? _____

How would you like to be contacted about this situation?

- I prefer to speak with a school counselor
- I prefer to speak with a school administrator
- I prefer to remain anonymous. All information will be kept confidential.

Reporter's name: _____ Grade: _____