

Bullying Report Form

***If there is an immediate safety concern, please send student(s) to the office for prompt attention.**

Adult receiving the report:

Date and time of report:

Who reported the bullying (optional)

Check one: Faculty/Staff Student being bullied Student bystander Family member or guardian

Names of students involved in bullying:

Student(s) who was/were bullied:

Student(s) who bullied:

Student bystanders:

When did the bullying happen? (List specific dates and time if possible)

Where did the bullying happen?

Describe the bullying incident(s):

Action taken: (check all that apply):

- Ensured safety of all students involved
- Referred to office for immediate attention
- Referred to teacher or counselor for creating a safety or behavior-change plan
- Other

****Turn form in to Mrs. Kasten or Mr. Kahnt****