Elementary Bullying Report Form

Fill out this form if you saw a bullying incident, you were the person who was bullied or if you know about a bullying incident. When this form is complete, bring it to _school-specific_.

Your name: __________________________

Today’s date: ________________________

What date and time did this happen? ______________

Who did this happen to? (Check all that apply.)

☐ Me

☐ Someone I saw getting bullied

☐ Someone I heard about getting bullied

Where did this happen? (Check all that apply)

☐ Classroom  ☐ Hallway

☐ Cafeteria  ☐ Bathroom

☐ Bus  ☐ Bus Stop

☐ Playground  ☐ Gym

☐ School-related activity/event

☐ Extracurricular (afterschool) activity

☐ Online

☐ Other: __________________________

How did this happen? (Check all that apply)

☐ Electronic devices (e.g., social media, text, email, cyberbullying, etc.)

☐ Written communication (e.g., handwritten notes, other written documents, etc.)

☐ Physical act or conduct (e.g., pushing, hitting, destruction of property, etc.)

☐ Verbal act or conduct (e.g., rumors, lies, name-calling, using slurs, etc.)

☐ Social (e.g., purposeful exclusion, trying to keep someone from having friends, etc.)

☐ Displays of hate, prejudice, or bigotry

☐ Other: __________________________

Please tell us about the incident in your own words.

Write as much as you know about it.

What time did the incident(s) take place?

Where did this happen?

What was said or done?

Who was there? Who saw what happened?

Use the back of this form or another sheet of paper if you need more room.