

Alternate Learning Center

Bullying Reporting Form

Return to Mrs. Theiss' "Counseling Box" or to a school staff member.

Optional

Your name: _____

Your grade: _____

Bully's name: _____

Bully's grade: _____

Circle **where** the bullying happened:

Classroom

Hallway

Bathroom

Playground

Art/ Gym

Outside of School

Internet

Cell Phone

Outside of school building on school property

Other:

Circle **when** the bullying happened:

Before School

Morning

Lunch Time

Afternoon

After School

Other: (time, if unknown):

Circle **what** happened. "I was" or "I saw someone get"

hit

kicked

pushed

teased

laughed at

excluded on purpose

cyber-bullied (internet/ cell phone)

Other:

Describe the incident to the best of your ability:
