The Bridge Program

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:

_____
_____
_____
_____
_____