Anti Bullying

Date: _______________________________________________________

Your Name: ____________________________________________________

Class: _______________________________________________________

Are you someone that:

☐ has been bullied

☐ witnessed someone else being bullied

What Happened?
___________________________________________________________
___________________________________________________________
___________________________________________________________
___________________________________________________________
___________________________________________________________

Who else has witnessed this happening?
___________________________________________________________

What would you like to see happen as a result of this being reported. (You may choose more than one).

☐ A teacher to talk to me about it (please name if you have a preference)

☐ Someone to act on this report (please name if you have a preference)

☐ Nothing, I just wanted to report it

☐ I would like my name to remain confidential

This form should be placed in the locked box next to the Principal’s Office.