

## Bullying Report Form

Please review the general description of bullying before you continue?

1. It is repeated.
2. There is an imbalance of power. (Ex. 1 or more people ganging up on an individual)
3. The person is deliberately being hurtful.

Date of report: \_\_\_\_\_ Name of victim (optional): \_\_\_\_\_

1 What type of bullying is being experienced? (please circle)

**Physical      Verbal      Relational      Cyber**

2 Where does this happen? (please circle)

**In class   outdoor school grounds   cafeteria   gym   washroom   hallway**  
**locker   online   other: \_\_\_\_\_**

3 When does this happen? (please circle)

**before homeroom   before recess   recess   after recess   lunch   after lunch**  
**end of last period   randomly   other: \_\_\_\_\_ (ex. Day 1, Period 2)**

4 How often does it occur? (please circle)

**daily or almost daily   weekly or almost weekly   monthly**

5 Who is doing the bullying?   **Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

6 When did the individual begin bullying you?   **Month:** \_\_\_\_\_ **Year:** \_\_\_\_\_

7 Did you tell an adult (please circle)   **Yes**   **No**   If yes, who? (optional) \_\_\_\_\_