

Bullying Report Form

Please review the general description of bullying before you continue.

1. It is repeated (happens more than once).
2. There is an imbalance of power (people ganging up on someone).
3. The person is deliberately being hurtful.

Date of report: _____ Your name (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**

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 the act of bullying? **Month:** _____ **Year:** _____

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

8 Briefly describe the incident that occurred.
