

# BULLYING BEHAVIOR REPORT FORM

Date of Report: \_\_\_\_\_

**Student(s) Displaying Bullying Behavior:**

Name \_\_\_\_\_

Name \_\_\_\_\_

Location of Incident \_\_\_\_\_

Date of Incident \_\_\_\_\_

Time of Incident \_\_\_\_\_

**Victim(s) of Bullying Behavior:**

Name \_\_\_\_\_

Name \_\_\_\_\_

**Incident Description** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Witness(es) to Incident:**

Name \_\_\_\_\_

Teacher \_\_\_\_\_

Involvement \_\_\_\_\_

Name \_\_\_\_\_

Teacher \_\_\_\_\_

Involvement \_\_\_\_\_

**Person(s) Completing Form (optional)**

\_\_\_\_\_

Anonymous  Parent  Student  Community Member  Other \_\_\_\_\_

**Provide form to the building administrator/designee.**

**Date Report Received:** \_\_\_\_\_