

## Attachment A: Bullying Report Form

If there is an immediate safety concern, send the student(s) to the office for prompt attention.

Adult receiving the report: \_\_\_\_\_

Date and time: \_\_\_\_\_

Who reported the bullying? Name (*optional*): \_\_\_\_\_

Check one:

Faculty/Staff     Student being bullied     Student bystander     Family member or guardian

Names of students involved in the bullying:

Student(s) who was/were bullied: \_\_\_\_\_

Student(s) who bullied: \_\_\_\_\_

Student(s) bystanders: \_\_\_\_\_

\_\_\_\_\_

When did the bullying happen? (*List specific dates and times if possible.*) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Where did the bullying happen? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe the bullying incident(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Action taken (*Check all that apply*):

- Ensured safety of all students involved
- Referred to office for immediate attention
- Referred to teacher or counselor for creating a safety or behavior-change plan
- Other \_\_\_\_\_