

Bullying Report

Location of Incident: Bus/Recess/Hall/Washroom/Lunch/Classroom

Name(s) of bully: _____

Victim/Bystander: _____

Date: _____

Signs of Bullying Displayed:

- Name calling
- Fighting
- Pushing
- Gossiping
- Rejection (the silent treatment)
- Knocking personal items around
- Teasing
- Talking others belongings (lunch, money, etc.)

Other: _____

Talk to: Teacher

Principal

School Support

Frequency of Incident:

1st time

2nd time

Regularly

Bystanders involved: _____
