

BULLY REPORT FORM

YOUR NAME:	DATE:
Description of bullying incident (what happened, what you saw, who did it and who it was done to):	
Where it happened (what hallway, what bus, what classroom, etc.)	
Date and time it occurred (bus ride to or from school, what period in the school day, etc.)	
PLEASE PLACE THIS REPORT IN THE BULLY BOX IN THE GUIDANCE OFFICE.	

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