



Bullying or Harassment Anonymous Reporting Form

Fill out form, checking all that apply... then put into the reporting box in the School Counseling office in building 6.

Name (optional, but helpful if more information is necessary): _____ Your report will be kept CONFIDENTIAL.

1. Were you bullied? Yes No – OR – Did you witness the bullying? Yes No
2. Name of Bully _____ 3. Who did you see being bullied? _____
4. Were you ever bullied by this person before or have you ever witnessed this person bullying? Yes No
5. When did this happen? Date: _____ Time: _____
6. Who did the bullying? Friend Classmate Adult Someone you didn't know
7. What type of bullying? Social (gossip) Verbal (name calling) Physical (hit) Cyber
 Other (explain) _____
8. Where did it happen? _____ During school After school
9. Explain what happened in your own words: _____

OFFICE USE ONLY

Date Received: _____ Received by: _____



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