

Beacon Heights Elementary School

Bullying Reporting Form

Date _____ Person Reporting _____

1. I am a student, ___parent, ___school employee, ___person being bullied, ___friend ___bystander ___other _____
2. Have you reported this? Yes ___ No ___ To whom: _____
3. Name of person allegedly being bullied: _____
4. Alleged Location: _____
5. Date Of Incident _____
6. Name of alleged bully: _____
7. Type of Event:

___ Physical- Hitting/kicking/other physical aggression

___ Verbal- Teasing, name –calling, put-downs, or other behavior that would hurt others' feelings or make them feel bad

___ Emotional/Exclusion- Starting rumors, telling others not to be friends with someone or other actions that would cause someone to be without friends

___ Cyber Bullying- Using an electronic medium to engage in any previously mentioned bullying

8. Description of events (Include time, location, date): _____

9. List other students/staff that witnessed the event:

Student _____ Teacher _____