

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.

| | ion is necessary): | Your report will |
|--|---|---|
| | be kept CONFIDENTIAL. | |
| 1. Were you bullied? \square Yes \square 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 be | fore or have you ever witnessed this person bu | ıllying? □ Yes □ No |
| 5. When did this happen? Date: | Time: | |
| 6. Who did the bullying? \Box Friend \Box | ☐ Classmate ☐ Adult ☐ Someone you die | dn't know |
| 7. What type of bullying? ☐ Social (goss | sip) \square Verbal (name calling) \square Physical | (hit) □ Cyber |
| ☐ Other (explain) | | |
| 8. Where did it happen? | During school After school | |
| | ords: | |
| OFFICE USE ONLY | | |
| Date Received: | Received by: | |
| | | |
| | arassment Anonymous Re | . – |
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