

Anti Bullying



Date: _____

Your Name: _____

Class: _____

Are you someone that:

has been bullied

witnessed someone else being bullied

What Happened?

Who else has witnessed this happening?

What would you like to see happen as a result of this being reported. (You may choose more than one).

A teacher to talk to me about it (please name if you have a preference)

Someone to act on this report (please name if you have a preference)

Nothing, I just wanted to report it

I would like my name to remain confidential

This form should be placed in the locked box next to the Principal's Office.

