



**ELEMENTARY STUDENT BULLYING REPORT FORM**  
**CCS 1000**

Bullying Reporting Person \_\_\_\_\_ This report is anonymous

School \_\_\_\_\_ Today's Date \_\_\_\_\_ When did the bullying happen? \_\_\_\_\_

**Who do you think was bullied?**

**Who do you think was bullying?**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Type of Bullying (Check all that apply)**

- |  |  |  |
|--|--|--|
| Called mean names <input type="checkbox"/>         | Threatened <input type="checkbox"/>                      | Racial comments <input type="checkbox"/> |
| Excluded (left out) <input type="checkbox"/>       | Hit, kicked, punched <input type="checkbox"/>            | Sexual comments <input type="checkbox"/> |
| Told lies or false rumors <input type="checkbox"/> | Took/damaged something of yours <input type="checkbox"/> | Cyber-bullied <input type="checkbox"/>   |

**Where did this happen? (Check all that apply)**

- |  |   |                                   |
|--|---|-----------------------------------|
| Hallway <input type="checkbox"/>       | Cafeteria <input type="checkbox"/>            | Bus <input type="checkbox"/>      |
| Classroom <input type="checkbox"/>     | Playground <input type="checkbox"/>           | Bus lot <input type="checkbox"/>  |
| Restroom <input type="checkbox"/>      | Going to/from school <input type="checkbox"/> | Bus stop <input type="checkbox"/> |
| Cyber-bullied <input type="checkbox"/> |   |                                   |

**Is this the first time this has occurred?**  Yes  No

Has a Student Bullying Report been filed before?  Yes  No

**Who has been told about the incident? (Check all that apply)**

- |                                    |  |                                 |
|------------------------------------|--|---------------------------------|
| Teacher <input type="checkbox"/>   | Parent/guardian <input type="checkbox"/> | Nobody <input type="checkbox"/> |
| Counselor <input type="checkbox"/> | Students <input type="checkbox"/>        |                                 |
| Principal <input type="checkbox"/> | Friend <input type="checkbox"/>          |                                 |

**Is there anything else you want us to know?** \_\_\_\_\_  
\_\_\_\_\_

**Please give this completed form to your child's teacher.**