

Titan Middle School

Bullying Report Form

*****Return to a Staff Member or the School Office*****

Your Name _____

Your Grade _____

Bully's Name _____

Bully's Grade _____

Circle One: "I was Bullied."

"I saw someone get bullied."

Date: _____

Circle where the bullying happened:

Classroom	Hallway	Bathroom	Cafeteria	Pick-up/Drop-off Area
Art/Music/Gym	Locker Area	After School Hours	Cell Phone	Facebook
Instagram				

Circle when the bullying happened:

Before School	After School	Morning	Lunchtime	Afternoon
Other(time, if known): _____				

Circle what happened.

"I was....."	"I saw someone get....."			
Hit	Kicked	Pushed	Teased	Laughed At
Cyber-bullied (internet/cell phone)		Excluded on Purpose		
Other: _____				

What else would you like us to know about this?