

Holgate Local Schools
Anonymous Bullying Reporting Form
Return to an anonymous box or to a school staff member

OPTIONAL:

Your Name: _____ Your Grade: _____

Bully's Name: _____ Bully's Grade: _____

NEEDED:

Circle: "I was bullied." "I saw someone get bullied." Date: _____

Circle *where* the bullying happened:

Classroom	Playground	Afternoon bus
Hallway	Gym	Internet
Bathroom	Locker area	Cell phone
Cafeteria	Morning bus	Other _____

Circle *when* the bullying happened:

Before school	Morning	Afternoon
After school	Lunch time	Other: _____

Circle *what* happened: "I was..." or "I saw someone get..."

Hit	Teased	Excluded on purpose
Kicked	Laughed at	Other: _____
Pushed	Cyber-bullied (internet/cell phone)	_____

What else would you like us to know about this?