

Help, I feel like I have been bullied.

INSTRUCTIONS: If a K-2 grade student reports they have been bullied, please assist them in completing this form.

What is your name? _____

Name of person assisting you (if anyone) with this form? _____

Who hurt your feelings? _____

What did they do or say? _____

Please check the box (s):



hitting



kicking



name calling



pushing



tripping



making fun of you

Other _____

When did this happen? _____

Where did this happen? _____

Who did you tell? _____

Has this happened before? _____

How did you respond? _____

Please tell us who saw this happen.

1. _____

2. _____

3. _____

Signature _____ Date _____

This matter has been reviewed and has been found substantiated unsubstantiated

Signature of Investigating Personnel _____ Date Complete _____