



Bully Report Form

Iredell School District

Today's Date: _____

Date bullying incident occurred: _____

Time bullying incident occurred: _____

Who was Bullying? (Please give full names):

1. _____
2. _____
3. _____
4. _____

Who was being bullied? (Please give full names):

1. _____
2. _____
3. _____
4. _____

Where did the bullying happen? (location of the event):

Bus ___ Cafeteria ___ Playground ___ Library ___
Bus Stop ___ Classroom ___ Hallway ___ On way to or from school ___
Bathroom ___ Locker Room ___ Other: _____

If bullying incident took place in a classroom, was the classroom:

Supervised ___ Unsupervised ___

What did the bully do specifically? (Check all that you saw happening during incident):

- | | | | |
|----------------|----------------------|------------------------|------------------------------|
| Spitting __ | Name Calling __ | Flashing a weapon __ | Told lies or false rumors __ |
| Stalking __ | Excluded __ | Racial Comments __ | Inappropriate gestures __ |
| Stealing __ | Staring/leering __ | Sexual Comments __ | Inappropriate touching __ |
| Threatening __ | Damaging Property __ | Taunting/Ridiculing __ | Religious Comments __ |
| Hitting __ | Shoving/Pushing __ | Writing/Graffiti __ | Intimidation/Extortion __ |

OTHER _____

Explain in detail what you witnessed the bully doing:

Who else was around when the bullying occurred (witnesses), and what did they do?

(Please give full names):

Name of Witness	Action by Witness
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Signature of person filling out report _____