

L. A. Nelson Elementary: Student Report of Bully Behavior

Your Name: _____ Date: _____

Teacher's Name: _____

Student who has hurt you: _____

Explain the problem (who, what, when, where, how):

Do you feel safe? (Check one) Yes No

Did anyone else see the incident? Yes No

If someone else saw the incident, what are their names?

How did you respond?

Has this happened before? If yes, explain

Turn this form in to your teacher, counselor, administrator.
