

Zeeland Public School
Student Bullying Report Form

Describe what happened/what is happening:
When did it happen?
Where did it happen?
Who was committing the bullying? (If you don't know the bully's name(s), describe him/her.
Who was the victim of the bullying? (If you don't know his/her name, describe him/her).
Did anyone else witness the bullying? (If yes, please list)
Were you or others physically hurt? (Please explain)

Was there damage to anyone's personal property?

Have you told anyone about the bullying?

Have you previously filed a bullying report? (This information is used to determine if retaliation is occurring.)

OPTIONAL

Your Name _____

Your Grade and Age _____

How can we contact you? (phone number, email, classroom)