

**BULLYING REPORT FORM**  
**You and I ... WE are BULLY FREE**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Place incident occurred: \_\_\_\_\_

I am being bullied: (check all that apply)  
\_\_\_\_\_ Verbally \_\_\_\_\_ Written \_\_\_\_\_ Physically

The person(s) bullying me is (are): \_\_\_\_\_

Has it happened more than once? Yes \_\_\_\_\_ No \_\_\_\_\_

Describe your concern: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If this is an emergency please fill out form and return to a teacher immediately. If not an emergency, please place this form in Ms. Jumonville's request box outside her door.

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