

# RVMS STUDENT BULLYING REPORT

Date: \_\_\_\_\_

Did the bullying happen to you or did you witness it happen to someone else?

Me

someone else

What is your first and last name? \_\_\_\_\_

If you witnessed this happen to someone else, what is that person's name? \_\_\_\_\_

Please describe the bullying situation. Where and when did this take place? Who were all the people involved. (use the back if needed)

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Are you aware of this happening before? Please explain. (use the back if needed)

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Have you talked with anyone else about this? Circle who you have talked to about this matter.

Mother

Grandparent

Principal

Counselor

Nurse

Bus Driver

Father

Sister/ Brother

Teacher

Friend

Another student

Someone Else

Did anyone else see or hear this happen? Please list their first and last names.

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Did any physical injury occur? If yes, please describe.

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\_\_\_\_\_  
*Student Signature and Date*

\_\_\_\_\_  
*Administrator or Counselor Who Interviewed Student and Date*