Your Name: _____________________ Grade: _____
Date: ______________

Who is being bullied, harassed, or intimidated?
_____________________________ Grade: _____

Who is doing the bullying or harassment?
_____________________________ Grade: _____
_____________________________ Grade: _____

What happened: ___________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

When and where did this happen? ______________
________________________________________________________________________

How long has this been going on? _______________
________________________________________________________________________

Why do you think this person is treating you/others
this way? __________________________________
________________________________________________________________________
________________________________________________________________________

What do you think needs to be done to make the
situation right? ____________________________
________________________________________________________________________
________________________________________________________________________

Place this in the STOP Bullying Box in the bottom
right corner of the office mailboxes or give it to any
teacher. Thank you!