

Bully Box Form

Your Name _____ Grade _____ Today's Date _____

Please check one:

_____ I am being bullied _____ I saw **someone else** being bullied

Bully's Name _____

Where did the event happen?

_____ Classroom _____ Playground _____ Hallway _____ Cafeteria
_____ Lavatory _____ School Bus _____ Afterschool Program _____ Outside of School

Please list any witnesses _____

Did you tell anyone about the event?

_____ No _____ Parent _____ Teacher _____ school nurse

Please complete this form and place it in the Bully Box – Locker # 103 near room 106