

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 bathroom

school bus afterschool program outside of school day

Please describe the event in as much detail as you can (please use the back if you need to)

Please list names of any other witnesses _____

Did you tell anyone else about the event? no teacher parent school nurse

When you are done with this form please put it in the Bully Box outside the Nurse's Office