

DROP BOX

for Written Bullying Reports

Information Requested for Anonymous Reporting

- Tell **WHAT** happened
- Tell **WHO** was involved
- Tell **WHERE** things happened (e.g., text, Facebook)
- Tell **WHEN** events took place
- Who else may have information

Bully-Box Form

Name: _____ Date: _____

Homeroom Teacher: _____

I am having a problem with: _____

Check off all that apply to the bullying you are experiencing:

<input type="checkbox"/> Physical	<input type="checkbox"/> Name calling	<input type="checkbox"/> Emotional
<input type="checkbox"/> Hitting/punching	<input type="checkbox"/> Insulting me	<input type="checkbox"/> Leaving me out
<input type="checkbox"/> Kicking	<input type="checkbox"/> Treating me	<input type="checkbox"/> Making rumors
<input type="checkbox"/> Pushing	<input type="checkbox"/> Threatening me	<input type="checkbox"/> Making fun
<input type="checkbox"/> Throwing objects	<input type="checkbox"/> Saying things about me	<input type="checkbox"/> Telling people not to be my friend
<input type="checkbox"/> Taking my things	<input type="checkbox"/> Making me feel unsafe	
<input type="checkbox"/> Other: _____		

Things I have tried to make the situation better:

<input type="checkbox"/> Asked the bully to stop
<input type="checkbox"/> Went to a safe place
<input type="checkbox"/> Told a teacher or another adult
<input type="checkbox"/> Told someone else
<input type="checkbox"/> Went to Parent Mediation
<input type="checkbox"/> Other: _____

What I would like to happen: _____

Parents informed: Yes No

FOR OFFICE USE ONLY Date: _____

Follow up: _____

Call: School Bullying Hotline # (561) 333-5427 or Drop your written report here ↓

