Monroe County School District

Elementary Bullying or Harassment Report Form

This report should be filled out if:

You are being bullied or if you have witnessed someone else being bullied.

FIRST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LAST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TEACHER’S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. I am being bullied: YES NO
2. I have seen someone being bullied: YES NO
3. Write what happened:

WHO?

WHAT?

WHEN?

WHERE?

WHY?

Thank you. This report will be followed up in a prompt manner. By completing this form, you are verifying that your statements are true and exact to the best of your knowledge. If you fear a student is in IMMEDIATE danger, contact a trusted adult, their home school, the police or the Monroe County School District at (305) 293-1400 ext 53392 immediately!

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**For Office Use Only**

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| **Date Received:** |  |
| **Received By:** |  |