

Kohler School District

Suspected Bullying Report Form

Today's date: _____ Date behavior happened: _____

Person reporting the behavior act (Optional but recommended): _____

Grade: _____ Teacher: _____

Person doing the behavior act: _____ Grade: _____ Teacher: _____

How many times has the behavior act happened: (check one)

_____ Once _____ Twice _____ Three _____ Four or More Times

Did the behavior act happen to you: (check one) _____ Yes _____ No

Type of behavior act: (check all that apply) _____ Name Calling _____ Threatened _____ Spreading Rumors _____ Hit, Kicked, Punched _____ Took/Damaged Something _____ Exclusion (ignoring) _____ Inappropriate Picture(s) _____ Other

Where did the behavior act happen: (check all that apply) _____ Classroom _____ School Bus _____ Hallway _____ Restroom _____ Recess _____ Lunch Room _____ Social Media _____ Other School Activity

Who did you tell about the behavior act: (check all that apply) _____ Teacher _____ Principal _____ Friend _____ Parent/Adult _____ Brother/Sister _____ Counselor _____ Other

Explain what happened:

Turn this form into your school counselor, teacher, school office to give to the principal, or mail to your school principal.

Thank you for filling out this student report.