

# **Bullying Is Not Tolerated**

Report Form Grades K-6

I am being bullied. This is what I have tried to do and how I feel:

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| <input type="checkbox"/> I did nothing                            | <input type="checkbox"/> I feel scared or frightened |
| <input type="checkbox"/> Tried to ignore it                       | <input type="checkbox"/> I feel alone                |
| <input type="checkbox"/> Walked away                              | <input type="checkbox"/> I feel angry                |
| <input type="checkbox"/> Told them to stop                        | <input type="checkbox"/> I feel sad                  |
| <input type="checkbox"/> Talked to my parent about it             |  |
| <input type="checkbox"/> Asked a friend for help                  |  |
| <input type="checkbox"/> Told a teacher or other adult at school. |  |

Who did you tell? \_\_\_\_\_

My name is \_\_\_\_\_

My homeroom teacher is \_\_\_\_\_

What is the bully's name? \_\_\_\_\_

When they bully you, what do they do or say?

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Turn this in to the teacher, counselor, principal, or any other adult in the school building that makes you feel safe. They will make sure they give it to the right people. Thank you for standing up against bullying!