



Real Bulldogs Don't Bully!

Your Name _				Date		
Grade (Circle	e one)	4 or 5	Teacher			· · · · · · · · · · · · · · · · · · ·
Name of the	person	who was bu	llied			
Name of the	person	(s) who bullie	ed them			
				ied or a bystande bystander stands BY and		-
What happer	ned? (Circle all that	apply)			
Name calling				• Threats		
Pushing				Kicking		
 Excluded (left out) 				 Rumors/gossip (untrue stories) 		
Hitting/Punching				• Other		
Describe wha	at happe	ened using w	vords.			
Where did th	ne bullyi	ng happen?	(Circle all that apply	/)		
Hallway		Classroom	Cafeteria	Bathroom	Gym	Other
Bus/	Bus Sto	р	Online	Playground	Cell Pho	one
How many ti	mes has	s this happer	ned? (circle one)			
1 time	2 times	5	3 times	4 or more times		

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ADMINISTRATIVE REGULATION - 248.3

Were there bystanders/upstanders? yes or no Wh	nat did they do?
Names of the bystanders/upstanders (if any)	
Did a teacher or adult witness this situation? yes or 	
What did they do?	
(RESPONSE TO BE COMPLETED BY A TEACH HANDLING THE	ER/ADMINISTRATOR/SCHOOL COUNSELOR E SITUATION)
Date Received	Spoke to victim
Spoke to bully	Was this a bullying situation?
Notes/Outcomes Regarding Incident and Interviews:	
Parent Contact:	
Copies of this response form AND the student report necessary) should be placed in the student files (principle)	

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