

Bullying Reporting Form

Hello! Welcome to the "Tell Your Story" page.

This form was developed to help you safely and comfortably share your experiences related to bullying. **This form can be filled out by anyone who has experienced bullying or has witnessed someone else being bullied.**

Consider the following prior to completing this form:

1. **This form was created for you to safely share and report any bullying you have experienced or witnessed at school.** Follow-up will be carried out as needed.
2. **What you share will be treated with the utmost confidentiality.** If you are a witness you do not have to write your name. Please, do not be afraid to share your story.
3. **You are an agent of change.** By filling out this form and initiating the sequence of events, you are helping your school become a safer place, free from bullying.

Share your story. All great things start with one small, courageous act.

* Indicates required question

1. **You are accessing this form as a: ***

Mark only one oval.

Target

Witness

TARGETS OF BULLYING

If you have been or are currently being bullied, please share your story by answering the following questions.

2. **Please provide your name. ***

3. If you would like to be contacted for assistance, please provide the best way to contact you (email, phone number, WhatsApp, etc.)

4. **Sex: ***

Mark only one oval.

Male

Female

Choose not to answer

Other: _____

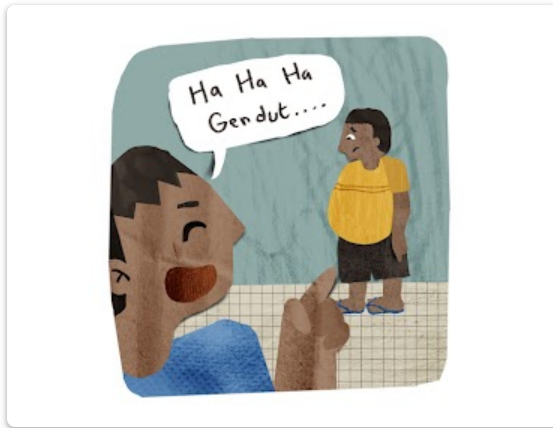
5. **Current grade ***

Please write down your current grade.

6. **What type of bullying have you experienced? ***

You can choose more than 1 answer if you experience more than 1 type of bullying behavior.

Check all that apply.



Verbal Bullying (A form of verbal bullying in the form of reproach, slander, or the use of unkind words that are hurtful)



Physical Bullying (In the form of punching, kicking, slapping, grabbing, spitting or any form of physical violence)



Cyberbullying (Any form of action that can hurt others by means of electronic media such as intimidation video recordings, defamation through social media)



Relational Bullying (Neglect, exclusion, ridicule and any form of action to alienate a person from their community)

7. How often has the bullying occurred? *

Mark only one oval.

- Multiple times per week
- About once a week
- Once a month
- A single incident
- Other: _____

8. Tell us about a what you experienced: *

If you don't feel comfortable sharing details, just share a brief overview.

9. What kind of help would you like? How would you like to be contacted (via WhatsApp, in-person, or other method). *

10. If you want to be contacted via WhatsApp, please provide your contact information.

WITNESS

If you have seen or heard of someone else being bullied, please share your story by filling in the following information:

Remember, you can choose to keep your identity anonymous!

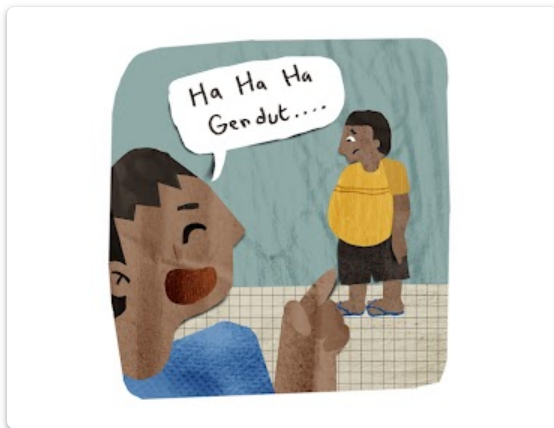
11. Your name/initials (not required)

Providing this information can help provide you with assistance, should you choose to request it.

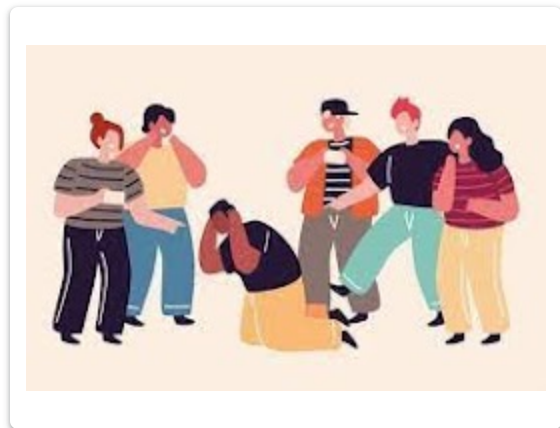
12. **What type or types of bullying have you witnessed? ***

You can choose more than 1 answer if you see/hear more than 1 type of bullying behavior.

Check all that apply.



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13. **Name and class of bullying target ***

This helps us provide assistance to the target. It can be up to them if they want to name the perpetrator.

14. **Please describe the incident you witnessed. ***

15. **When did this happen? Please provide an approximate date or time period during which this has occurred. ***

16. **What would you like help with? And how can we contact you? ***

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Thank you for filling out this form and for being an agent of change to create a safer and more comfortable environment at school.

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