

Brazos ISD Bully Reporting Form

Name of person being bullied:

Date:

Name of bully:

Your Name (optional):

I am a:

| | |
|---|---|
| <input type="checkbox"/> Student | <input type="checkbox"/> Staff Member |
| <input type="checkbox"/> Parent/Guardian | <input type="checkbox"/> Person being bullied |
| <input type="checkbox"/> Community Member | <input type="checkbox"/> Friend |

Type of Bullying (Select all that apply):

- ☐ **Physical**-Hitting/ kicking /other physical aggression
- ☐ **Verbal**: Teasing, name-calling, put-downs, or other behavior that would hurt others' feelings or make them feel bad.
- ☐ **Emotional/Exclusion**-starting rumors, telling others not to be friends with someone, or other actions that would cause someone to be without friends
- ☐ **Cyber Bullying**: Using an electronic medium to engage in any previously mentioned 'bullying'

Did you witness the bullying?

☐ yes

☐ no

**PLEASE TURN THIS IN TO YOUR CAMPUS PRINCIPAL, COUNSELOR, OR TEACHER
PLEASE ANSWER INFORMATION ON BOTH SIDES OF THIS FORM**

List other students/staff who witnessed the bullying...

Description of events:

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