

# Are You Being Bullied or Harassed?

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## Where were you when this incident happened?

(Check one.)

- Classroom
- Hallway
- Cafeteria
- Gym
- Locker room
- Bathroom
- Outside
- Bus
- Other \_\_\_\_\_

## What happened? (Check one.)

- Someone wrote a mean note.
- Someone teased me.
- Someone started a rumor about me.
- Someone called me names.
- Someone left me out.
- Someone purposely embarrassed me.
- Someone told me to do something I didn't like.
- Someone started fighting with me.
- Someone put his/her hands on me.
- Someone said mean things about me on the Internet.
- Someone sent me a mean text message or email.
- Someone took something of mine.
- Someone destroyed my property.
- Someone threatened me.

## Who was that someone? (Check one.)

- Another student
- A teacher
- Other \_\_\_\_\_

## What did you do? (Check one.)

- I did something wrong.
- I retaliated when someone bothered me.
- I called him/her names.
- I fought with him/her.
- I threatened him/her.
- I reported this to an adult.
- I destroyed someone's property.
- I started a rumor about someone.
- I told my parent(s).
- I talked about this to a friend.

## How I handled my own actions. (Check one.)

- Well
- Okay
- Could have done a better job
- Need help
- Poorly

## How many times has happened? (Check one.)

- Once.
- Multiple times.

## Do you need assistance? (Check all that apply.)

- I need to speak to a counselor.
- I need to speak to the principal.
- I need help with my anger.
- I need an adult to monitor this area.
- I would like an adult to keep this person away from me.
- I would like an adult to stop the bullying.
- Other \_\_\_\_\_

I would like to see the school prevent bullying or intimidation by...

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Please complete this form and give it to your teacher, counselor, or principal.