

Our Lady of the Cape Anonymous Bullying Report



Let's make bullying *hissstory*!

Date: _____

Your Name: (totally optional): _____

Bully's Name: _____

What happened?

- I was bullied I saw someone else being bullied
- Physical (hitting, kicking, shoving, ect.)
- Verbal (teasing, making fun, etc.)
- Social (excluded on purpose, gossip/rumours)
- Electronic (Facebook, email, messaging, snapchat, etc.)



Where did it happen?

- Classroom Bathroom Hallway
- Cafeteria Playground Online
- Gymnasium Bus Other: _____

When did it happen?

- Morning Afternoon Lunchtime
- Recess Time Bathroom Hallway
- Other: _____

Want to include more detail? You can write a description on the back of this sheet!