*REPORT BULLIES*

Report bullying if you are being bullied

*or* see someone being bullied.

Tell your parent or a CWES staff person as soon as possible.

***Bullying is when someone keeps doing or saying things to have power over another person.***

Some bullying actions: repeatedly calling names, saying or writing ugly things about others, leaving others out of activities, threatening others, trying to make others feel scared or uncomfortable, damaging or taking someone’s things, hitting or kicking someone, or making someone do something they don’t want to do.

Complete this form and place it in the box.

*Complete this private form for Mrs. Burney.*

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

Your first and last name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your grade: \_\_\_\_\_\_\_\_\_

Your homeroom teacher’s name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Write the name of the person you feel is bullying.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Check any below which describe what the person is doing to you or other students:

\_\_\_\_\_repeatedly calling names

\_\_\_\_\_hitting or kicking

\_\_\_\_\_saying or writing ugly things

\_\_\_\_\_threatening to hurt others

\_\_\_\_\_trying to make others feel scared or uncomfortable

\_\_\_\_\_damaging or taking someone’s things

 \_\_\_\_\_leaving others out of activities

\_\_\_\_\_making someone do something they don’t want to do

Other ways they are bullying:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Where does this happen? (check all that apply)

\_\_\_\_\_Bus

\_\_\_\_\_Classroom

\_\_\_\_\_Bathroom

\_\_\_\_\_Hallway

\_\_\_\_\_Playground

\_\_\_\_\_Other place\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You can write other information you would like Mrs. Burney to know on the back of this form.

*Complete this private form for Mrs. Burney.*

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

Your first and last name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your grade: \_\_\_\_\_\_\_\_\_

Your homeroom teacher’s name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1) Write the name of the person you feel is bullying.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2) Check any below which describe what the person is doing to you or other students:

\_\_\_\_\_repeatedly calling names

\_\_\_\_\_hitting or kicking

\_\_\_\_\_saying or writing ugly things

\_\_\_\_\_threatening to hurt others

\_\_\_\_\_trying to make others feel scared or uncomfortable

\_\_\_\_\_damaging or taking someone’s things

 \_\_\_\_\_leaving others out of activities

\_\_\_\_\_making someone do something they don’t want to do

Other ways they are bullying:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3) Where does this happen? (check all that apply)

\_\_\_\_\_Bus

\_\_\_\_\_Classroom

\_\_\_\_\_Bathroom

\_\_\_\_\_Hallway

\_\_\_\_\_Playground

\_\_\_\_\_Other place\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You can write other information you would like Mrs. Burney to know on the back of this form.