

CONFIDENTIAL

Student Witness Report

Witness/Reporter: _____

Bully(s): _____

Victim(s): _____

Date: _____

Description of incident:

Location:

Please circle.

Cafeteria

Hallway

Gym

Bus

Bathroom

Library

After School Activities

Locker room

Classroom

Other _____

Rm# _____

Type of Bullying:

Please circle.

Verbal

Cyber bullying

Physical

Social/Emotional

Other _____