



## Anti-bullying/Anti-violence Report

Your name: \_\_\_\_\_

Today's date: \_\_\_\_\_

Date the bullying happened: \_\_\_\_\_

Name of person(s) who hurt you or someone else:

\_\_\_\_\_

What happened?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Where did this happen? \_\_\_\_\_

Did you tell an adult already? \_\_\_\_\_

If yes then who? \_\_\_\_\_

