



OLWEUS Bully Report Form



Please return form in a sealed envelope with your homeroom teacher's name on it.

Homeroom Teacher: _____ Grade: _____

Date of Incident: _____ Parent's Name & Phone No.: _____

Name of bullied student: _____

Name of student who bullied: _____

Where did the bullying happen? _____

What exactly happened?

-----For School Personnel Only-----

Follow-up meeting with bullied student date: _____

Follow-up meeting with student who bullied date: _____

Follow-up contact with parent: _____

Results:

Signature of Educator: _____ Date: _____