

St. Monica's Catholic School

Bully'Tin Report Form

Date of Incident: _____

Bully Involved: _____ **Grade:** _____ **Gender: M / F**

Reported By: _____ **Teacher:** _____

Please check the box next to the ones that apply the most:

Location: Classroom

Hallway

Bathroom

Bus

On Way To/From School

Playground: _____

Time:

Before School

Morning Recess

Lunch Recess

Afternoon Recess

After School

During Class

Physical

MODERATE

Pushing, shoving

Spitting, hitting

Stealing, vandalism

others

SEVERE

Threats with weapon

Physical injury

Repeated Hands-On

Verbal

MODERATE

Name calling, teasing

Making fun of

Put downs

SEVERE

Threat of violence to
self or others

Email threats

Intimidating phone calls

Social

MODERATE

Gossiping/Rumours

Rejection, isolation

Embarrassing

SEVERE

Racial Slurs

Ganging up on

Rumour Mongering

