

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, hitting



Verbal/Cyber

MODERATE

Name calling, teasing



Social

MODERATE

Gossiping, rejecting



SEVERE

Injury to self/others
Threats with weapon



SEVERE

Intimidating phone calls,
Threatening Emails



SEVERE

Racial Slurs/Outcasting
Ganging up

