Bullying Documentation Form

Inland Lakes Schools
4363 S. Straits Hwy. Indian River, Mi. 49749
231-238-6868

Date: _____ Grade: _____

Bully's name: _____ Target's name: _____

Please be as specific as you can to describe the situation. (Use back if needed)

Severity Spectrum: *Please mark with an X on the line below*

MILD **MODERATE** **SEVERE**

Where and when (date) did it happen?

What time of day was it?

What exactly happened? (Be Specific)

Has this happened more than once from this person? _____How many times? _____

Did you do or say anything to the other person before this incident?

What was your reaction to this incident?

(Use back if needed)

Official Use Only

Action taken

_____