Midway ISD Bullying Report

E-mail or deliver this completed report to your campus assistant principal.

Name (write anonymous if you prefer):_____ Grade:_____
Date incident occurred:_____

Where and when did it happen:_____
_____
_____
_____

List other people involved (i.e. witnesses, teachers, etc.):_____
_____
_____

What exactly happened (be specific):_____
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_____
_____(if you need more space write on the reverse side of this page).

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?_____
_____
_____

Student (transcriber) Signature:_____ Date:_____