

## R. D. Seymour School Bullying Referral

Today's Date \_\_\_\_\_ Reporter's Name \_\_\_\_\_  
(optional: this form may be submitted anonymously)

I am:  a student  a staff member  a parent  a bus driver  other

Have you reported this incident to an adult?  yes  no If yes, who? \_\_\_\_\_

Name of the person being bullied: \_\_\_\_\_

Name of the person doing the bullying behavior: \_\_\_\_\_

Where did this happen?  bus  classroom  hallway  bathroom  
 recess  other, please specify: \_\_\_\_\_

Date/Time of the Incident: \_\_\_\_\_

Type of bullying behavior (check all that apply)

- Verbal:** name calling, teasing, taunting, threatening words
- Social:** excluding, starting rumors, embarrassing someone on purpose
- Physical:** hit, kick, push, etc. or intentional property damage and theft
- Cyber:** using electronic devices, social media or email to do any of the above

Description of what happened: \_\_\_\_\_

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List other students or adults that may have seen this: \_\_\_\_\_

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