



## Student Report Form

**Report when there is:**

Physical Contact and or destruction of belongings

Repeated mean behavior such as name calling, put downs etc.

**Intentionally** and repeatedly hurting feelings, friendships , and reputations

**Who was involved?**

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**What happened?**

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**What is your part in this?**

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**When did it start?**

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**Where did it happen?**

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**Witnesses who saw what happened.**

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**What have you tried to do to solve this issue? (Check all that apply)**

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|---|--|--|--|
| <input type="checkbox"/> Purposely ignored/did not engage | <input type="checkbox"/> Avoided             | <input type="checkbox"/> Tried to "work it out"    | <input type="checkbox"/> Assumed positive intention, respond vs. react |
| <input type="checkbox"/> Asked person to stop             | <input type="checkbox"/> Suggested mediation | <input type="checkbox"/> Participated in mediation | <input type="checkbox"/> Read through planner strategies               |

**Who else have you reported this to?**

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