

# Stone Lake Elementary School

## Student Bullying Report Form

Elk Grove Unified School District  
TEL: (916)683-4096 Fax (916)683-4098

Today's date: \_\_\_\_\_

Person reporting bullying: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Date bullying happened: \_\_\_\_\_

Person doing the bullying: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

How many times has the bullying happened: (check one)

\_\_\_\_\_ Once \_\_\_\_\_ Twice \_\_\_\_\_ Three \_\_\_\_\_ Four or More Times

Did the bullying happen to you: (check one) \_\_\_\_\_ Yes \_\_\_\_\_ No

Type of bullying: (check one) \_\_\_\_\_ Name Calling \_\_\_\_\_ Threatened \_\_\_\_\_ Spreading Rumors

\_\_\_\_\_ Hit, Kicked, Punched \_\_\_\_\_ Took/Damaged Something \_\_\_\_\_ Other

Where did the bullying happen: (check one) \_\_\_\_\_ Classroom \_\_\_\_\_ School Bus

\_\_\_\_\_ Hallway \_\_\_\_\_ Phone/Internet \_\_\_\_\_ Restroom \_\_\_\_\_ Recess \_\_\_\_\_ Lunch Room

Who did you tell about the bullying: (check one) \_\_\_\_\_ Teacher \_\_\_\_\_ Principal

\_\_\_\_\_ Friend \_\_\_\_\_ Parent/Adult \_\_\_\_\_ Brother/Sister \_\_\_\_\_ Counselor \_\_\_\_\_ Other

Is there anything else you would like to share: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**This form will be reviewed by the principal and the vice principal for action.**

**Thank you for filling out this student report.**

[mhbeard@egusd.net](mailto:mhbeard@egusd.net) [dfreeman@egusd.net](mailto:dfreeman@egusd.net)

**For Office Use:**

Received By: \_\_\_\_\_

Date Received: \_\_\_\_\_

Except as required by law, information revealed during the follow up of this report will be kept confidential and will not be revealed to any other person or agency without the appropriate consent.