Goddard Public Schools, USD 265

Potential Bullying Reporting

School: _____ Date: _____ Time: _____

Who reported the bullying? (Check all that apply.) ☐ Bullied Person ☐ Bystander ☐ Student ☐ Adult ☐ Staff

Name of bullied student: _____

Name of student doing the bullying: _____

Location where bullying took place: _____

Name(s) of bystander(s): _____

Description of the bullying behavior and concerns:

Action Taken

Referred to teacher, bus supervisor, or counselor by: _____

Referred to administrator by: _____

Coaching Action by: _____

Disciplinary Action by: _____

Comments: