

Bullying Referral Form

Date _____

Name (optional) _____

Your name should be kept confidential.

Grade _____

I am concerned about _____ (name of student). I believe that this student is being bullied or teased by _____ (name of student).

This is what I saw in _____ (where) :

Who else witnessed this incident (helpful but optional)?

Please return this form to a teacher, a school counselor, or an administrator so that we can work on this issue. Thank you!

Mrs. Claire Hafets