

GRADES 3-5 BULLYING, HARASSMENT & SAFETY CONCERN REPORT

You may report something that happened to you, something you saw, or something someone told you.

You do not have to decide whether this is bullying. Just tell what happened. You may ask a trusted adult to help you complete this form. If you feel unsafe right now, tell an adult immediately.

1. ABOUT YOU

Today's date _____	Your name (optional) _____	Grade: [] 3 [] 4 [] 5 _____	Teacher _____
School _____	[] I do not want to write my name _____	Adult helping with this form, if any _____	Adult's role _____

I am reporting: [] Something that happened to me [] Something I saw [] Something someone told me [] I am a parent/guardian or staff member

2. WHO WAS INVOLVED?

Student who may have been hurt or targeted _____	Grade _____ -	Student(s) whose behavior is being reported _____	Grade(s) _____ -
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3. WHAT HAPPENED? CHECK ALL THAT FIT

☐ Hurtful words Name-calling, teasing, mean jokes, rumors, embarrassing someone, or threats.	☐ Threats or pressure Trying to scare someone or make them give money, belongings, answers, favors, or silence.
☐ Physical actions Hitting, kicking, pushing, tripping, spitting, blocking, or chasing.	☐ Identity-based behavior Mean behavior about someone's race, culture, religion, disability, gender, or another personal characteristic.
☐ Belongings Taking, hiding, breaking, or damaging someone's things.	☐ Unwanted touching or body comments Touching that was not wanted or comments about someone's body.
☐ Leaving someone out Repeatedly excluding someone or getting other students to be against them.	☐ Getting back at someone for telling Being mean to someone because they reported, helped, or told the truth.
☐ Online or digital behavior Mean texts, chats, posts, pictures, videos, games, or pretending to be someone else.	☐ Other: _____

4. WHEN AND WHERE DID IT HAPPEN?

Date or dates _____	About what time? _____	How often? [] One time [] More than one time [] Keeps happening [] Not sure
Where? [] Classroom [] Playground [] Hall [] Lunch [] Bus [] Activity [] Online [] Other: _____	Is it still happening? [] No [] Yes [] Not sure	Do you feel unsafe right now? [] No [] Yes [] Not sure

Tell what happened. Use your own words. Tell what was said or done and what happened before and after.

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5. WHO SAW OR HEARD WHAT HAPPENED?

Name	Grade or adult role	What did this person see or hear?

6. IS THERE ANYTHING THAT CAN HELP SHOW WHAT HAPPENED?

☐ Screenshot ☐ Text/chat ☐ Email ☐ Picture/video ☐ Note ☐ Damaged item ☐ School record ☐ No evidence that I know of ☐ Other:

Where is it, and how can school staff get it?

7. HOW HAS THIS AFFECTED THE STUDENT?

☐ Feels afraid or unsafe ☐ Avoids a person or place ☐ Missed school or class	☐ Trouble learning or focusing ☐ Does not want to come to school ☐ Friendship or activity problems	☐ Feels sad, worried, or angry ☐ Belongings were lost or damaged ☐ Other:
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8. WHAT HELP IS NEEDED?

☐ Talk with a trusted adult ☐ Help staying apart/no contact ☐ Counselor check-in ☐ Playground/classroom support ☐ Help with online behavior ☐ Parent/guardian contact ☐ I am not sure ☐ Other:

What would help the student feel safe at school?

9. HAS AN ADULT BEEN TOLD BEFORE?

☐ No ☐ Yes ☐ Not sure	Who was told and when? 	What happened after the adult was told?
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10. REPORTER AND ADULT HELP

I shared what I know as honestly as I can. A signature is not required if the report is anonymous.

Student/reporter signature (optional) 	Date 	Adult who helped, if any 	Adult signature/initials
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11. SCHOOL INTAKE - STAFF USE

Date/time received 	Received by 	Immediate safety concern? ☐ No ☐ Yes
Immediate action taken 	Assigned administrator/designee 	Parent/guardian contact
Student support/counselor contact 	Follow-up date 	Case/reference no.

Administrator notes, next steps, and follow-up

Staff note: This is a report, not a finding. Take immediate safety action when needed, review the information, preserve available evidence, notify the appropriate administrator, and document follow-up.