**Directions:** If you feel that you have been bullied and would like help, please fill out the form below. If you need more space, attach another piece of paper. When you are done, turn this form into the front office of your school. An administrator or counselor will contact you within two school days.

|  |  |
| --- | --- |
| Your name |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Your teacher’s name |  | Your grade |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Your phone number | -     - | Your email |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Today’s date | \     \ | When did the bullying occur? | \     \ |

|  |  |  |  |
| --- | --- | --- | --- |
| Please put an “x”one or both boxes: | | | |
|  | I felt bullied |
|  | I saw someone else be bullied |

|  |
| --- |
| Describe what happened when you or someone you know felt bullied: |
|  |

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| --- |
| Who was involved in the bullying? |
|  |

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| --- |
| What did you do? Was anyone with you? |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Were you threatened in any way? |  | Yes |  | No |
| If yes, please explain what was said, written, typed, or texted. | | | | |
|  | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Did an adult see the bullying or did you tell an adult about the bullying? |  | Yes |  | No |
| If yes, who saw it or who did you tell? | | | | |
|  | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Student Signature |  | | |
| *For signature confirmation, please enter your name as indicated in school records and email from the email account you have on file with NHCS.* | | | |
| Date received in front office | | \     \ |

|  |  |
| --- | --- |
| Signature of personnel receiving form |  |

|  |  |
| --- | --- |
| Date formal investigation initiated | \     \ |