



MAITLAND GROSSMANN HIGH SCHOOL

Bullying and Harassment? No Way Form

Date: _____ Your name: _____ Year: _____

What is your role in this incident? (select one)

Student who was bullied

Bystander

Witness

Who has been the bully in this incident: _____

Exactly what form did the bullying take? _____

When did the bullying start? _____

Where did the bullying occur: _____

When did the bullying occur: _____

Who saw it happen and what did they do? _____

Have you told any adult (e.g. teachers, parents) about it? Yes No

Who did you tell? _____ What is their name? _____

What did they do? _____

What would you like to happen?

Apology

Mediation

Incidents to stop

Other (please specify) - _____

Signature of Student: _____ Date: _____

Signature of Teacher: _____ Date: _____

Click the button to download the Anti-Bullying Brochure

