

Millburn Elementary Bully Report- STAFF

**If there is an immediate safety concern, send the student(s) to the office for prompt attention.**

Adult receiving the report: \_\_\_\_\_

Date and time: \_\_\_\_\_

Who reported the bullying? Name *(optional)*: \_\_\_\_\_

Check one:

- Faculty/Staff    Student being bullied    Student bystander    Family member or guardian

Names of students involved in the bullying:

Student(s) who was/were bullied: \_\_\_\_\_

Student(s) who bullied: \_\_\_\_\_

Student(s) bystanders: \_\_\_\_\_

When did the bullying happen? *(List specific dates and times if possible.)* \_\_\_\_\_

Where did the bullying happen? \_\_\_\_\_

Describe the bullying incident(s): \_\_\_\_\_

Action taken *(Check all that apply)*:

- Ensured safety of all students involved
- Referred to office for immediate attention
- Referred to teacher or counselor for creating a safety or behavior-change plan
- Other \_\_\_\_\_