

Bullying Referral Form – Hopewell Memorial Junior High

Incident Reported by or Witnessed by (circle one) Incident Location Incident Date & Time

Student Involved: _____ Grade _____

Nature of Involvement:

Student Involved: _____ Grade _____

Nature of Involvement:

Student Involved: _____ Grade _____

Nature of Involvement:

Type of Bullying Incident: (check all that apply)

- Cyber Bullying Threats/intimidation
- Rumor Spreading
- Social Isolation/exclusion
- Physical Bullying
- Taking another's property
- Name calling or mean comments about race
- Name calling or mean teasing
- Name calling or mean comments/gestures with sexual meaning

Other _____

Comments/Description:

Conclusion/Action Taken:

Student

Victim: _____

Student

Bully: _____

Parental

Involvement: _____

Administrator's Signature

Date