

"I'm Gonna Write That Down!"

Horizon Elementary School

Your Name: _____ Grade: _____

Date of Bullying: _____ Time of Bullying: _____

1. WHAT happened? _____

2. WHO is doing the bullying? _____

3. WHO ELSE witnessed the bullying? _____

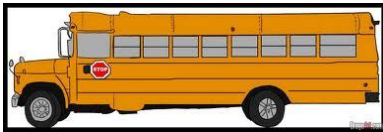
4. WHERE were you when the bullying happened? (check one)



Cafeteria _____



hall _____



bus _____



playground _____

Other place _____

_____ Ask the bystanders to sign here.

_____ Sign YOUR NAME here.