

**MINTIE WHITE ELEMENTARY  
BULLYING REFERRAL FORM**

Name of person completing form (optional for students)      Date of Incident: \_\_\_\_\_

\_\_\_\_\_      Date report completed: \_\_\_\_\_

Name(s) of victims(s)/target: \_\_\_\_\_

Name(s) of aggressor(s): \_\_\_\_\_

Name(s) of aggressor(s): \_\_\_\_\_

How did you become aware of this situation?

\_\_\_ Informed by the victim(s)/targets

\_\_\_ Informed by student(s) not directly involved in this event

\_\_\_ Witness

\_\_\_ Other \_\_\_\_\_

When did these events occur?      Date \_\_\_\_\_      Time \_\_\_\_\_

Where did these events occur? \_\_\_\_\_

Number of incidents/events of which you are aware \_\_\_\_\_

Did you witness this more than once, when?      Dates \_\_\_\_\_      Times \_\_\_\_\_

Where did this event occur? \_\_\_\_\_

Briefly describe what occurred and indicate which of the following apply

Verbal      Physical      Racial      Sexual      Other (please describe below)

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Name (optional) \_\_\_\_\_ Date \_\_\_\_\_