

**GRAVES MIDDLE SCHOOL
BULLYING REFERRAL FORM**

Name of person completing form (optional for students) _____

Date of Incident: _____ Date report completed: _____

Name(s) of victim(s)/target: _____

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 _____

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)

Name (optional) _____ Date _____