		_
	* Bullying	
STOP	* Harassment	
	* Intimidation	
		_
Your Name:		Grade:
Date:		
Who is being bullie	d, harassed, or intim	idated?
		Grade:
Who is doing the b	ullying or harassmer	it?
		Grade:
		Grade:
What happened:		
When and where d	id this happen?	
How long has this b	peen going on?	
	his person is treating	
this way?		
\//bat da .va. thial	noode to be done to	makatha
·	needs to be done to	
Situation right?		
Place this in the	Bullying Box in the	e bottom
right corner of the	office mailboxes or g	give it to any
teacher. Thank you	u!	