

**BULLY BUSTER FORM
(2ND THROUGH 5TH GRADES)**

TELL ME WHAT HAPPENED

Date: _____ Teacher: _____

1. My name is _____.
2. The person that is bullying me or someone else is
_____.
3. If you are reporting a bullying problem about someone else, what is the victim's name?
_____.
4. This is what the person is doing to hurt my/someone else's feelings or, hurt my/someone else's things or hurt my/someone else's body.
(IF THE PERSON HURTS YOUR BODY, TELL AN ADULT RIGHT AWAY!)

**TELL ME WHAT YOU HAVE DONE TO TRY TO SOLVE THIS
PROBLEM ON YOUR OWN**

(Please put this in the Bully Buster Box after you have tried
ALL 5 THINGS BELOW and the bullying is still a problem):

Circle all of the solutions you have tried.

1. I have ignored the bully.
2. I have walked away from the bully.
3. I have asked my parents to give me some ideas.
4. My friends and I have talked to the bully as a group.
5. I have told my teacher about this problem more than three times.

Please get a teacher signature before turning this form in to the Bully Buster Box.

Teacher's Signature: _____

YOU ARE SUCH A HERO FOR HELPING TO STOP BULLYING IN OUR SCHOOL!!!!