



Delano Joint Union High School District

Bully Stopper Form

School _____

Your Name (optional) _____

Date of Problem: _____

Select any of the following to describe the problem you are reporting:

Select all that apply:

- A student being physically hurt by another student or several students.
- A student being threatened by another student or several students.
- A student being teased by another student or several students.
- A student having a rumor or rumors spread about him/her.
- Sexual comments or gestures made to a student.
- A student having personal items taken or stolen.
- A student or students purposely excluding another student.
- A feeling or being bullied by an adult.
- Other

If "other," please explain: _____

Where did this situation occur, and be specific!

Location: _____

Time: _____ If during class, what class period: _____

If on the bus, what bus number: _____ Bus driver's name: _____

Name of person/persons displaying inappropriate behavior _____

Is there anything else you would like to report? _____

Please give this report to an administrator, counselor, office staff, or teacher.

IF FOR ANY REASON YOU FEEL YOU ARE IN DANGER OR BELIEVE ANYONE ELSE IS IN IMMEDIATE DANGER, PLEASE GO DIRECTLY TO THE PRINCIPAL OR COUNSELOR.