

Bullying Incident Report

Date: [Insert Date]

To: [Counselor's Name]

From: [Your Name]

Subject: Reporting a Bullying Incident

Incident Details

Victim's Name: [Victim's Name]

Bullying Behavior Observed: [Describe the behavior]

Date and Time of Incident: [Insert Date and Time]

Location of Incident: [Insert Location]

Description of Events

[Provide a detailed description of the incident, including any relevant context, witnesses, and the impact on the victim.]

Actions Taken

[Describe any actions already taken to address the situation, such as talking to a teacher, reporting to a parent, etc.]

Requested Action

[Specify what you would like the counseling services to do, such as mediation, counseling for the victim, or further investigation.]

Contact Information

Your Name: [Your Name]

Your Phone Number: [Your Phone Number]

Your Email: [Your Email]

Thank you for your attention to this important matter.

Sincerely,

[Your Name]