

How to complete the ballot form

Step 1:

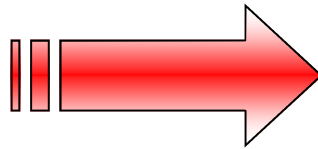
Fill in your name and grade

Step 2:

Answer the questions with yes, no, check mark or circle

Step 3:

Place your completed form
into ballot box



Your Name:

Your Grade:

or Student #:

Fill out form with a Yes, No, Check mark or a Circle... then put in ballot box

1/ Were you bullied? OR Did you witness the bullying?

2/ When did this happen? Date: Time:

3/ Who did the bullying? Friends Gangs Someone you didn't know

4/ What type of bullying? Social (gossip) Verbal (name calling) Physical(hit)

Or Other (explain)

5/ Where did it happen? During School or After school

6/ Explain what happened in your own words: