

NORTH LIVINGSTON ELEMENTARY SCHOOL

BINT FORM

Date ___/___/___

Bullying Is Not Tolerated

Name of the person filling out this form: _____

What happened? *(Include as many details as possible)*



1. Name(s) of the bully: _____
2. Where did the bullying take place?
 hallway gym class bus or bus stop classroom (which one)
 lunchroom locker room bathroom neighborhood
 electronic devices (cellphone, voice messages, texting, IM, MySpace, etc.)
 other (please describe below or on back page)
3. When did the bullying take place?
 Morning afternoon between class after School
 before school lunchtime other time: _____
4. Has this person bullied you before? If yes, go to #5.
yes no
5. Did you fill out a BINT form last time? If so, give date: ___/___/___
yes no n/a

BINT follow-up and action taken

BINT contact: _____ Date of follow-up: ___/___/___ Prior BINT: yes no

Action taken: consulted w/student(s) teachers/team contacted
 parents contacted refer to administrator Mr. Goodwin Mr. Mott

Administrator action taken:
(not all BINTs are referred to administration)