

**Brenham Independent School District
Bullying Response Report**

Report Date: _____ Response Date: _____

Student Name: _____ Age: _____ Gender: _____ ID: _____

Briefly describe the conflict: _____

Was the issue resolved? _____

Summary: _____

Students' Signature: _____ Date: _____

Administrator Signature: _____ Date: _____

Counselor Signature: _____ Date: _____