

Problem Report

Name: _____ Homeroom: _____

Date: _____

Tell what happened in one sentence. _____

Who was involved?

Who may have seen what happened?

Have you had this problem before? YES NO

If yes, about how many times?

Daily Weekly Once in a while

Have you spoken with someone about this before? YES NO

If yes, with whom have you spoken?

How serious is this problem for you?

(Rate from 10 being very serious and hurtful to 1 being not that bad)

10 9 8 7 6 5 4 3 2 1