BULLYING INCIDENT REPORT FORM

Conducted by:_____ **Date:**_____

Date of Incident:_____ **Time of Incident:**_____

Repeat Infraction? ◯ **Yes** ◯ **NO** If yes, please explain:

Location of Incident (check all that apply):

☐ Hallway	☐ Cafeteria	☐ Parking Lot
☐ Restroom	☐ Locker Room	☐ To/From School
☐ Classroom	☐ Bus Stop	☐ After School Program
☐ Gym	☐ On Bus	☐ School Sponsored Event
☐ Text/Phone/Internet/Social Media		☐ Other: _____

Name of victim(s):	Name of student(s) bullying:	Name of witness/bystanders:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Type of Bullying:

Verbal Relational

Physical: Result in injury? ◯ Yes ◯ No Reported to school nurse? ◯ Yes ◯ No

Reported to police? ◯ Yes ◯ No

Bullying Behaviors (check all that apply):

☐ Shoved/Pushed	☐ Taunting/Ridiculing	☐ Demeaning Comments
☐ Hit, Kicked, Punched	☐ Told Lies/False Rumors	☐ Inappropriate Touching
☐ Threatened	☐ Staring/Leering	☐ Cyber-bullying:
☐ Stole/Damaged Possessions	☐ Intimidation/Extortion	☐ Texts ☐ Website ☐ Email

Other:_____

☐ Racial ☐ Sexual ☐ Religious ☐ Disability <--- Check all that apply and please describe

Reported to school by (check all that apply):

☐ Teacher	☐ Bystander	☐ Parent	☐ Anonymous
☐ Student	☐ Victim/Target	☐ Bus Driver	☐ Other:_____

Describe the incident:

Physical Evidence? (check all that apply)

☐ Notes ☐ Email ☐ Texts ☐ Audio/Video

Other:_____

Actions Taken:_____

Consequences:_____

Remediation:_____

Referral for additional support services:_____

Parent Contact Date:_____ **Time:**_____ **Contact made by:** ☐ **Phone** ☐ **E-mail** ☐ **In-Person**

Person making contact:_____

RESET FORM