BULLYING INCIDENT REPORT FORM

Date of Incident: _____ *Time of Incident:* _____ *Repeat Infraction?* YES NO

Location of Incident (circle all that apply):
Hallway Restroom Classroom Gym Lunch Room Playground Locker Room Bus Stop On Bus Parking Lot

To/From School After School Program School Sponsored Event Text/Phone/Internet/Social Media Other: _____

Name of victim(s): *Name of student(s) bullying:* *Name(s) of witnesses/bystanders:*

_____ _____ _____

_____ _____ _____

_____ _____ _____

Type of Bullying:

☐ Verbal

☐ Physical: Result in injury? YES NO Reported to School Nurse? YES NO Reported to Police? YES NO

☐ Relational

Bullying Behaviors (circle all that apply):

Shoved/Pushed	Hit, Kicked, Punched	Threatened	Stole/Damaged Possessions
Excluded	Taunting/ridiculing	Writing/Graffiti	Told Lies or False Rumors
Staring/Leering	Intimidation/Extortion	Demeaning Comments	Inappropriate touching

Cyber-bullying using: Text messages Website Email Other: _____

Racial, Sexual, Religious or Disability Circle one and describe: _____

Reported to school by (circle all that apply):

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

Describe the Incident:

_____

_____

_____

Physical Evidence? Notes Email Graffiti Video/audio Website Other: _____

Actions Taken (see Protocol for Guidelines):

Consequences: _____

Remediation: _____

Referral for additional support services: _____

Parent Contact: Date _____ Time _____ Person making contact: _____

Result: _____

Today's Date: _____ *Reported by:* _____ *Signature:* _____