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: __________________________

Result: __________________________

Today’s Date: _________ Reported by: ________________________ Signature: _________________________