

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

Name of victim(s):

Name of student(s) bullying:

Name(s) of witness/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: _____

Office use only:

Actions Taken: _____

Consequences: _____

Remediation: _____

Referral for additional support services: _____

Parent Contact: Date: _____ Time: _____ Person Making Contact: _____

Result: _____