

Date Received in Office: _____

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 of witness/bystanders
_____	_____	_____
_____	_____	_____
_____	_____	_____

Type of Bullying:

Verbal Relational Nonverbal Social Media
 Physical: Result in injury YES NO Reported to School Nurse? YES NO Reported to Police YES NO

Bullying Behaviors (circle all that apply):

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

Cyber-bullying using: Text messages Website/Social Media 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 Collected? YES NO

Circle all that apply: Notes Emails Graffiti Video/Audio Website Screen Shot Other: _____

Actions Taken: _____

Date Received in Office: _____

Printed Name

Signature

Date

Date Received in Office: _____

Parent Contacted on Date: _____ Time: _____

Consequences: _____

Remediation: _____

Referral for additional Support Services: _____

BULLYING INCIDENT FOLLOW-UP

1st Follow-Up Conference Date: _____ Time: _____

Date Parents Contacted: _____ Conducted By: _____

People Present: _____

According to student, situation is: Better Worse No Difference

Comments: _____

2nd Follow-Up Conference Date: _____ Time: _____

Date Parents Contacted: _____ Conducted By: _____

People Present: _____

According to student, situation is: Better Worse No Difference

Comments: _____

Additional Notes: _____

Date Received in Office: _____
