

BULLYING INCIDENT REPORT FORM

Today's Date: _____ Reported By: _____

Report to school by (circle all that apply):

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

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

Location of Incident (circle all that apply):

Hallway Restroom Classroom Gym Lunch Room Playground Bus Stop
On Bus After School 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

Bullying Behaviors (circle all that apply):

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

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

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

Describe the incident: (continue on back if necessary)

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