

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:** _____

Bullying Incident Follow-Up

Follow-up Conference

Date:

Time:

Conducted by: _____

People present:

- Administrator _____ Social Worker _____ Counselor _____ Teacher _____
 Student _____ Parent _____ Parent _____ Witnesses _____
 School Psychologist Other _____

According to student, situation is: Better Worse No difference

Comments:

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

Additional Actions / Notes:

Follow-up Conference

Date:

Time:

Conducted by: _____

People present:

- Administrator _____ Social Worker _____ Counselor _____ Teacher _____
 Student _____ Parent _____ Parent _____ Witnesses _____
 School Psychologist Other _____

According to student, situation is: Better Worse No difference

Comments:

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

Additional Actions / Notes:
