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:

_____

_____

_____

_____

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Follow-up Conference   *Date:*   *Time:*

Conducted by: _____

People present:

▢ Administrator_____   ▢ Social Worker_____   ▢ Counselor_____   ▢ Teacher_____

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Comments:

_____

_____

_____

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

Additional Actions / Notes:

_____

_____

_____

_____