

BULLYING INCIDENT REPORT FORM

Date of Incident _____ **Time of Incident** _____ **Repeat Infraction?** Yes No

Location of Incident (check all that apply):

- Hallway Restroom Classroom Gym Lunch room Playground Locker Room
 on Bus Parking Lot To/From School School-sponsored Event Text/Phone/Social Media
 Internet Other _____

Name of Victims _____ **Name(s) of student(s) bullying** _____ **Name(s) of witnesses/bystanders** _____

Type of Bullying

- Verbal
 Physical: Resulted in injury? Yes No Reported to School Nurse? Yes No To Police? Yes No
 Relational

Bullying Behaviors (check 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:

- | | | | |
|---|---------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Racial
Describe | <input type="checkbox"/> Sexual | <input type="checkbox"/> Religious | <input type="checkbox"/> Disability |
|---|---------------------------------|------------------------------------|-------------------------------------|

Reported to school by (check 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:

<input type="checkbox"/> Administrator	<input type="checkbox"/> Social Worker	<input type="checkbox"/> Counselor	<input type="checkbox"/> Teacher
<input type="checkbox"/> Student	<input type="checkbox"/> Parent	<input type="checkbox"/> Parent	<input type="checkbox"/> Witnesses
<input type="checkbox"/> School Psychologist	<input type="checkbox"/> Other		

According 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:

<input type="checkbox"/> Administrator	<input type="checkbox"/> Social Worker	<input type="checkbox"/> Counselor	<input type="checkbox"/> Teacher
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According student, situation is: Better Worse No Difference

Comments:

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

Additional Actions/Notes:
