

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

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Time:

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