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:

_____

_____

_____

_____