

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/Sidewalk Locker Room Stairway Bus

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 Police? YES NO Social Emotional

Bullying Behaviors (circle all that apply):

Shoved/Pushed Hit, Kicked, Punched Threatened Stole/Damaged Possessions Staring/Leering Inappropriate touching
Excluded Taunting/Calling Names Writing/Graffiti Told Lies or False Rumors Intimidation/Extortion Demeaning Comments

Other: _____

Cyber-bullying using: Text Social Media 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 Social Media Email Graffiti Video/audio Website Other: _____

Actions Taken (see Board Policy and Progressive Disciplinary Chart for Guidelines):

Consequences: _____

Remediation: _____

Referral for additional support services: _____

Parent/Guardian Contact: Date _____ Time _____ Person(s) making contact: _____

Today's Date: _____ **Reported by:** _____ **Signature:** _____

Today's Date: _____ **Reported to:** _____ **Signature:** _____

Date Reported to Superintendent: _____ **Superintendent Signature:** _____

Bullying Incident Follow-Up

Follow-up Conference Date: _____

Time: _____

Conference Conducted by: _____

Invitees:

Administrator _____ Counselor _____ Teacher _____

Student _____ Parent/Guardian _____ Parent/Guardian _____

Witness (es) _____

According to student, situation is: Better ____ Worse ____ No Difference ____

Meeting Summary:

*** If unable to attend Follow-Up Conference**

Parent / Guardian Contact Date:

Time:

Parent / Guardian Concerns / Input: _____

Additional Actions / Notes:

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