

# BULLYING INCIDENT REPORT FORM

**\*\*\*CONFIDENTIAL\*\*\***

Name of student: \_\_\_\_\_ Grade: \_\_\_\_\_

Person completing report: \_\_\_\_\_

Date of incident: \_\_\_\_\_ Time of incident: \_\_\_\_\_

Location of incident: \_\_\_\_\_

Name of other student(s) involved: \_\_\_\_\_

Please check the categories on the violence continuum that best describes the student's infraction:

- |  |   |
|--|---|
| <input type="checkbox"/> Eye Rolling               | <input type="checkbox"/> Stealing                 |
| <input type="checkbox"/> Starting Rumors/Gossiping | <input type="checkbox"/> Damaging Property        |
| <input type="checkbox"/> Gesturing                 | <input type="checkbox"/> Sexual Harassment        |
| <input type="checkbox"/> Staring/Leering           | <input type="checkbox"/> Stalking                 |
| <input type="checkbox"/> Writing Graffiti          | <input type="checkbox"/> Intimidation/Extortion   |
| <input type="checkbox"/> Threatening               | <input type="checkbox"/> Spitting/Pushing         |
| <input type="checkbox"/> Name Calling              | <input type="checkbox"/> Shoving/Punching         |
| <input type="checkbox"/> Taunting/Ridiculing       | <input type="checkbox"/> Hitting/Kicking          |
| <input type="checkbox"/> Demeaning Comments        | <input type="checkbox"/> Electronic Communication |

Briefly describe the incident: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name of witness(es): \_\_\_\_\_

## Office use only:

Interventions taken: \_\_\_\_\_

Parent contacted: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

