

# BULLYING INCIDENT REPORT FORM

**Date of Incident:** \_\_\_\_\_ **Time of Incident:** \_\_\_\_\_ **Repeat infraction?** YES NO

**Location of Incident (check all that apply):**

Hallway Restroom Classroom Lunch Room Parking Lot 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 (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: \_\_\_\_\_

Racial Sexual Religious Disability check one and describe: \_\_\_\_\_

**Reported to school by (check all that apply):**

Teacher Student Bystander Victim/Target Parent 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:** \_\_\_\_\_

Print out the form and submit it to a building administrator or counselor. This form is to be confidentially maintained in accordance with the

Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g.

