BULLYING INCIDENT REPORT FORM

Date of Incident:			Time of Incident:		Repeat infraction? YES			Ν
Location of Incid	lent (che	ck all that	apply):					
Hallway	Restroc	om C	Classroom	Lunch Room	Parking Lot	Schoo	l Sponsored	Eve
Tex	t/Phone/In	ternet/Social	Media	Other:	-			
Name of victim(s):		Name o	f student(s) bullying:	Name(s	s) of witnesse	es/bystand	ers: -
Type of Bullying		Verbal	-	al: Result in injury?	YES	NO		_
Reported to Schoo	I Nurse?	YES	NO	Reported to Police?	Y ES	NO		
Relational Bully	ing Beha	aviors (ch	eck all tha	t apply):				
Shoved/	Pushed	Hit, Kio	cked, Punche	d Threatened		Stole/Damage	d Possessio	ns
Exclude	d	Taunti	ng/ridiculing	Writing/Graffiti		Told Lies or Fa	alse Rumors	
.		Intimid	ation/Extortio	n Demeaning Com	nments	Inappropriate	touching	
Staring/I	Leering	mumu		Demeaning Con		mappropriate	todoning	
Staring/I Cyber-bullying us Racial Sexua	sing: To	ext messages	s Webs		ner:			
Cyber-bullying us Racial Sexua Reported to s Teacher S	sing: To I Religi School b	ext messages ous Di	s Webs sability chec I ll that app	ite Email Oth k one and describe:	ner:			
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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.