

BULLYING INCIDENT REPORT FORM

INCIDENT DETAILS

Date of Incident: _____ Time of Incident: _____ Repeat Incident: **YES** **NO**

Location of Incident (check all that apply):

- ☐ Hallway ☐ Restroom ☐ Classroom ☐ Gym ☐ Lunch Room ☐ On Bus/Cab
☐ On an Outing ☐ Text/Phone/Internet/Social Media ☐ Other: _____

Type of Bullying: ☐ Verbal ☐ Physical; if checked answer the following questions:

Was there an injury: **YES** **NO** Reported to the Nurse: **YES** **NO** Reported to the Police: **YES** **NO**

Name of Target(s):	Name of Individual(s) Bullying:	Name(s) of Witnesses/Bystanders:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Bullying Behaviors (check all that apply):

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Shoved/Pushed | <input type="checkbox"/> Hit/Punched with fist | <input type="checkbox"/> Hit with object | <input type="checkbox"/> Kicked |
| <input type="checkbox"/> Threatened | <input type="checkbox"/> Possessions stolen/damaged | <input type="checkbox"/> Excluded | <input type="checkbox"/> Taunted/ridiculed |
| <input type="checkbox"/> Inappropriate writing/graffiti | <input type="checkbox"/> Lies/Rumors spread | <input type="checkbox"/> Staring/Leering | <input type="checkbox"/> Intimidated |
| <input type="checkbox"/> Extorted (forced to do something) | <input type="checkbox"/> Demeaning comments | <input type="checkbox"/> Inappropriate touching | <input type="checkbox"/> Other: _____ |

Cyberbullying (check all that apply): ☐ Text messages ☐ Website ☐ Email ☐ Other: _____

Discrimination (Check all that apply):

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Race/Color | <input type="checkbox"/> Sexual orientation | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> National origin/ancestry | <input type="checkbox"/> Religion | |
| <input type="checkbox"/> Sex | <input type="checkbox"/> Disability | |

Reported to school by (check all that apply):

- ☐ Teacher ☐ Student ☐ Bystander ☐ Target ☐ Parent ☐ Bus Driver ☐ Anonymous ☐ Other: _____

Describe the Incident:

Is there physical evidence: ☐ Notes ☐ Email ☐ Graffiti ☐ Video/Audio ☐ Website ☐ Other: _____

If there is evidence can you provide it: **YES** **NO** If YES please attach to this form if possible.