



# BULLYING INCIDENT REPORT FORM

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

**Name of Person Reporting Bullying Incident:** \_\_\_\_\_

<b>Name of Victim(s):</b>	<b>Name of Student(s) Bullying:</b>	<b>Name(s) of Witnesses:</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Hallway Restroom Classroom Gym Lunch Room Playground Locker Room Bus Stop  
On Bus Parking Lot To/From School After School Program School Sponsored Event

**Type of Bullying (circle all that apply):**

Verbal Physical Emotional/Psychological Relational Text Phone Internet Social Media  
Other: \_\_\_\_\_

**Bullying Behavior(s) (circle all that apply):**

Shoving/Pushing Hitting/Kicking/Punching Threatening Excluding Staring/Leering  
Cyber-bullying Taunting/Ridiculing Intimidating/Extorting Demeaning Comments  
Stealing/Damaging Property Writing/Graffiti Lying/Rumors Inappropriate Touching

**Bullying Behavior(s) Include (circle and describe):**

Racial Sexual Religious Disability: \_\_\_\_\_

**Describe the Incident:**

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

Physical Injury: YES NO      Reported to School Nurse: YES NO      Reported to Police: YES NO  
Physical Evidence: Notes Email Video Audio Website Text Graffiti (Take Picture if Necessary)  
Witness Statement: Notes Email Video Audio Website Text (Attach Statement)

**Describe Actions Taken (Consequences/Remediation/Recommendations):**

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

Parent Contact: Date \_\_\_\_\_ Time \_\_\_\_\_ Person Making Contact \_\_\_\_\_

**Signature of Person Reporting Bullying Incident:** \_\_\_\_\_

**Signature of Principal:** \_\_\_\_\_ **Date Received** \_\_\_\_\_