

# WESTVILLE CUSD #2 BULLYING INCIDENT REPORT FORM

## BULLYING REPORT

Person Reporting the Bullying Claim: \_\_\_\_\_

Person Filing Report (if different): \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ Repeat Infraction?  Yes  No

Location of Incident: \_\_\_\_\_

Name of Victim: \_\_\_\_\_ Name of Alleged Bully: \_\_\_\_\_ Name of Witnesses: \_\_\_\_\_

**Type of Bullying:**

- Verbal  
 Physical:      Result in injury?  Yes  No      Reported to school nurse?  Yes  No      Reported to Police?  Yes  No  
 Emotional

**Reported to School by:** (Check all that apply)

- Teacher     Student     Bystander     Victim/Target     Parent     Bus Driver    Other: \_\_\_\_\_

**Describe the Incident:**

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

**Was the Incident Based on any of the Following:**  Race  Sex  Gender-related identity  Disability  Religion

## ACTION TAKEN

**What actions were taken to investigate this incident?**

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

**What corrective actions were taken for this incident?**

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

**Further follow-up suggestions:**

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

**Date:** \_\_\_\_\_ **Administrator Signature:** \_\_\_\_\_