

## HARASSMENT/BULLYING INCIDENT REPORT FORM

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Room/Location: \_\_\_\_\_

Student(s) Initiating Bullying/Harassment:

\_\_\_\_\_ Grade: \_\_\_\_\_ Class: \_\_\_\_\_

\_\_\_\_\_ Grade: \_\_\_\_\_ Class: \_\_\_\_\_

Student(s) Affected:

\_\_\_\_\_ Grade: \_\_\_\_\_ Class: \_\_\_\_\_

\_\_\_\_\_ Grade: \_\_\_\_\_ Class: \_\_\_\_\_

Type of Harassment Alleged:

Racial \_\_\_\_\_ Sexual \_\_\_\_\_ Religious \_\_\_\_\_ Other \_\_\_\_\_

Check all spaces below that apply. Adult stated or identified inappropriate behaviors as:

<input type="checkbox"/> Name Calling	<input type="checkbox"/> Spitting
<input type="checkbox"/> Stalking	<input type="checkbox"/> Demeaning Comments
<input type="checkbox"/> Inappropriate Gesturing	<input type="checkbox"/> Stealing
<input type="checkbox"/> Staring/Leering	<input type="checkbox"/> Damaging Property
<input type="checkbox"/> Writing/Graffiti	<input type="checkbox"/> Shoving/Pushing
<input type="checkbox"/> Threatening	<input type="checkbox"/> Hitting/Kicking
<input type="checkbox"/> Taunting/Ridiculing	<input type="checkbox"/> Flashing a Weapon
<input type="checkbox"/> Inappropriate Touching	<input type="checkbox"/> Intimidation/Extortion
<input type="checkbox"/> Other _____	

Describe the incident:

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

Witnesses Present: \_\_\_\_\_

Physical evidence: Graffiti \_\_\_\_\_ Notes \_\_\_\_\_ E-mail \_\_\_\_\_ Web sites \_\_\_\_\_ Video/audio tape \_\_\_\_\_  
Other \_\_\_\_\_

Staff signature \_\_\_\_\_

Parent(s) contacted: Date \_\_\_\_\_ Time \_\_\_\_\_

Administrative response taken:

\_\_\_\_\_