

BULLYING INCIDENT REPORT FORM

Date: _____ Time: _____ Room/Location: _____

Reported by:

☐ Student ☐ Parent/Guardian ☐ Staff/Teacher _____

Student(s) Initiating Bullying/Harassment:

Name: _____ Grade: _____ Teacher: _____

Name: _____ Grade: _____ Teacher: _____

Name: _____ Grade: _____ Teacher: _____

Student(s) Affected:

Name: _____ Grade: _____ Teacher: _____

Name: _____ Grade: _____ Teacher: _____

Please check all that apply.

☐ Damaging Property☐ Demeaning Comments☐ E-mail☐ Flashing a Weapon☐ Graffiti☐ Hitting/Kicking☐ Inappropriate Gesturing☐ Inappropriate Touching☐ Intimidation/Extortion☐ Name Calling☐ Notes☐ Shoving/Pushing☐ Spitting☐ Stalking☐ Stealing☐ Staring/Leering☐ Taunting/Ridiculing☐ Threatening☐ Video/audio☐ Websites☐ Writing/Graffiti☐ Other (Describe): _____

Witnesses Present: _____

Describe the incident: _____

Parent(s) contacted:

Name: _____ Date: _____ Time: _____

Name: _____ Date: _____ Time: _____

ADMINISTRATIVE DETERMINATION OF INVESTIGATION

☐ Bullying **was** substantiated

☐ Bullying **was not** substantiated

Disciplinary Actions Taken:

☐ Behavioral Contract

☐ Conference with parent

☐ Conference with student

☐ Damages restored to previous condition

☐ Financial Restitution

☐ In-School suspension

☐ Law Enforcement

☐ Referral: Counselor/Social Worker

☐ Removal from activities

☐ Restriction of privileges

☐ Seating Assignment

☐ Suspension

☐ Referral: Social Agency _____

☐ Other (Describe): _____

Parent notification of investigation outcome: (occurs within 3 days of completion of the investigation)

Target's Parent(s) contacted:

Name: _____ Phone _____ Date: _____ Time: _____

Name: _____ Phone _____ Date: _____ Time: _____

Alleged Bully's Parent(s) contacted:

Name: _____ Phone _____ Date: _____ Time: _____

Name: _____ Phone _____ Date: _____ Time: _____

Date Recorded in Wengage: _____

Teacher Signature: _____ Date: _____

Counselor Signature: _____ Date: _____

Administrator Signature: _____ Date: _____