

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:
