# BULLYING INCIDENT REPORT FORM

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North Adams-Jerome Public Schools is committed to eliminating bullying, harassing and intimidating behaviors from our school community. **Staff members, students, parents or community members who have witnessed or have reliable information that a student has been subject to harassment, intimidation or bullying are encouraged to report the incident to a school administrator immediately**. Reports may also be made by submitting the form below. All submissions will be reviewed thoroughly and investigated in accordance of district policies.

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

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

Hallway Restroom Classroom Gym Lunchroom Playground Locker Room Bus Stop On Bus Parking Lot

To/From School After School Program School Sponsored Event Text/Phone/Internet/Social Media Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Name of victim(s): Name of student(s) bullying: Name(s) of witnesses/bystanders:***

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

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***Type of Bullying:***

□ Verbal □ Physical: Result in injury? YES NO  Reported to Police? YES NO

□ Relational

***Bullying Behaviors (circle all that apply):***

Shoved/Pushed Hit, Kicked, Punched Threatened Stole/Damaged Possessions

Excluded Taunting/ridiculing Writing/Graffiti Told Lies or False Rumors

Staring/Leering Intimidation/Extortion Demeaning Comments Inappropriate touching

Cyber-bullying using: Text messages Website Email Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Racial, Sexual, Religious or Disability Circle one and describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Reported to school by (circle all that apply):***

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

***Describe the incident:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Physical Evidence? Notes Email Graffiti Video/audio Website Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Today’s Date: \_\_\_\_\_\_\_\_\_ Reported by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

Thank you for providing this information. Although reports may be made anonymously, reporters are strongly encouraged to provide a name and contact information so additional information about resources and processes can be provided. All current and subsequent information provided will be thoroughly reviewed.

**Note: Anyone who files a report/claim he/she knows to be false will be held responsible and may be reported to an appropriate law enforcement agency.**

**For Office Use Only:**

***Actions Taken (per Handbook and Board Policies):***

Consequences: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Remediation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referral for additional support services: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Contact: Date \_\_\_\_\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_\_\_\_\_\_ Person making contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Result: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Bullying Incident Follow-Up

***Follow-up Conference Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

Conducted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**People present:**

Administrator\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Worker\_\_\_\_\_\_\_\_\_\_\_ Counselor\_\_\_\_\_\_\_\_\_\_\_

Teacher\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witnesses \_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Psychologist\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_

According to student, situation is:

|  |  |
| --- | --- |
| Better Worse | No difference |

**Comments:**

**Additional Actions / Notes:**