

NORTH BABYLON SCHOOL DISTRICT

Harassment/Bullying Incident Report Form

Date: _____ Time: _____ Room/Location: _____

☐ Staff ☐ Student(s) Initiating Bullying/Harassment:

_____ Grade: _____ Class: _____

_____ Grade: _____ Class: _____

☐ Staff ☐ Student(s) Affected:

_____ Grade: _____ Class: _____

Type of Harassment alleged:

☐ Racial ☐ Sexual ☐ Religious ☐ Verbal ☐ Physical ☐ Other: _____

Check all spaces below that apply. Inappropriate behaviors observed by adult witnesses include:

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

Date incident occurred: _____ Time incident occurred: _____

Location incident occurred: _____

Describe the incident: _____

☐ Yes, the incident involved physical injury ☐ No, physical injury was not involved

Names of witnesses: _____

Physical evidence: ☐ Graffiti ☐ Notes ☐ E-mail ☐ Web sites: _____

☐ Video/audiotape ☐ Other: _____

Staff Signature: _____ Title: _____

Parent(s) contacted: Date: _____ Time: _____

Date: _____ Time: _____

Victim's response to incident: _____

Administrative action taken: _____

Additional support - action taken: _____
