

Bullying/Harassment Incident Report Form

Date: _____ Reporting Person: _____

Name(s) of Targets: _____ Name(s) of student(s) bullying: _____ Names of witnesses: _____

Type of Bullying:

Call mean names Excluded Hit, kicked, punched Told lies or rumors
Racial comments Threatened Sexual comments Took/damaged property

Other: _____

Where did the bullying happen?

Playground Hallway In class with teacher Lunchroom
Bathroom Bus In class without teacher Bus stop

To/From school Other: _____

Explain what happened:

Use the back of this form if you need more space to explain.

-----For Office Use Only -----

Investigated by: _____ Accusations found: true false

Parents contacted: _____ Repeat offender? No yes # _____

Discipline Response: _____