

BULLYING INCIDENT REPORT FORM

Date of incident: _____ Time of Incident: _____ Repeat Infraction: _____

Location of Incident: _____ --

Name of Victim(s):
witnesses:

Name of student(s) bullying:

Name(s) of

Type of bullying: Circle

Verbal

Physical

Relational

Bullying Behaviors: (Circle all that apply)

Shoved/pushed hit, kick, punch threatened stole/damaged possessions

Excluded taunting lies/rumors writing/graffiti

Staring intimidation social media demeaning comments

Racial, sexual, religious, or disability other

Reported to school by (circle all that apply)

Teacher student bystander victim parent bystander

Describe the incident:

Evidence: Notes Email Graffiti video/audio other

Actions Taken:

Consequences: _____

Remediation: _____

Referral for additional support services: _____

Parent Contact: Date _____ Time _____ Contact by _____

Results _____

Today's Date: _____ Reported by: _____ Signature: _____