

## Harassment/Bullying Incident Report Form

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Room/Location: \_\_\_\_\_

Student(s) Initiating Bullying/Harassment:

\_\_\_\_\_ Grade: \_\_\_\_\_ Class: \_\_\_\_\_

\_\_\_\_\_ Grade: \_\_\_\_\_ Class: \_\_\_\_\_

\_\_\_\_\_ Grade: \_\_\_\_\_ Class: \_\_\_\_\_

\_\_\_\_\_ Grade: \_\_\_\_\_ Class: \_\_\_\_\_

Student Affected:

\_\_\_\_\_ Grade: \_\_\_\_\_ Class: \_\_\_\_\_

Type of Harassment alleged:

Racial \_\_\_ Sexual \_\_\_ Religious \_\_\_ Gender \_\_\_ Color \_\_\_ Weight \_\_\_ Ethnicity \_\_\_ Disability \_\_\_  
Other \_\_\_\_\_

Check all spaces below that apply. An 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"/> Damaging property       | <input type="checkbox"/> Shoving/pushing        |
| <input type="checkbox"/> Writing/graffiti        | <input type="checkbox"/> Hitting/kicking        |
| <input type="checkbox"/> Threatening             | <input type="checkbox"/> Intimidation/extortion |
| <input type="checkbox"/> Taunting/ridiculing     |   |
| <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: