Bullying Incident Report Form

Time of Incident: . Repeat Infraction:						
Location of Incider						
Hallway Rest	room Gy	ym Cafeteria	Bus Stop	Bus Par	rking Lot	
After School	School - S	Sponsored Event	Text	/Phone/Socia	al Media	
Other						
Name of Victim		Name of student (s) bullying		Name of bystanders/witnesses		
Type of Bullying						
Type of Bullying	e of Bullying Who was it re		orted to?	Was there a	Was there an injury?	
Verbal						
Physical						
Bullying Behaviors	s - Circle all	that apply.				
Shoved/Pushed	Hit/Kicked/Punched		Threatened	Damaged Possessions		
Excluded	Taunting/Ridiculing		Graffitti	Lies/Rum	ors	
Leering	Intimidation/Extortion		Demeaning Comments			
Inappropriate Tou	ching					
Cyber - Bullying th	t Messaging	Website	Email	Other		
Racism/Sexual/Rel	_	•				

Reported to the School by: Circle all that apply.							
Teacher	Student	Bystander	Victim/Target	Parent			
Bus Driver	Anonymous	Other					
Describe the							
Physical Evi	dence: Notes	Emails	Videos/Audio	Other			
Actions Take	en:						
Consequence	es:						
Remediation	ı:						
Referral:							
Parent Conta	act: Date:	Date: Time:					
	By Whom:						
	Resul	t:					
Today's Date	o: 						
Panortad Ry	•						