

BULLYING REPORT AND INCIDENT FORM

Bullying, defined as any pattern of written or verbal expression, physical act or gesture that is intended to cause or is perceived as causing distress, by either an individual student or a group of students, is expressly prohibited and will not be tolerated. This includes the misuse of technology for the same purpose. This form is to be used to report alleged incidents of bullying. Please complete all sections of the form and return to the Building Principal/Supervisor. Please print.

Today's Date: _____ / _____ / _____
Month Day Year

School: _____

PERSON REPORTING INCIDENT Name: _____

Telephone: _____ E-mail: _____

Place an **X** in the appropriate box: Student Student (witness/bystander) Parent/guardian Close adult relative
 School staff

Date(s) incident(s) occurred: _____ / _____ / _____ _____ / _____ / _____ _____ / _____ / _____
Month Day Year Month Day Year Month Day Year

Name of student victim(s): _____ Age: _____

Name(s) of alleged offender(s) (if known):	Age	School (if known)	Is he/she a student?
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Type of Bullying (X all that apply):

- Name calling/offensive remarks
 Exclusion
 Hit, kicked, punched
 Told lies or false rumors
 Threatened
 Racial comments
 Sexual comments
 Took/damaged possessions
 Electronic communications (Please explain)

Other/Explanation: _____

Where did the bullying happen? (X all that apply):

- Field Hallway In class with teacher In class without teacher Bathroom
 Line-up areas Lunchroom To/from school Bus stop Bus
 Other: _____

People the victim has spoken to about the bullying incident (X all that apply):

- Teacher Other adult at school Parent/guardian Sibling Friend Close adult relative

What did the alleged offender(s) say or do? _____
